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The News Media's (Re)framing of Intimate Partner Violence During the Covid-19 Pandemic and its Implications for Policy Development in Canada: A Critical Content Analysis

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Abstract

In response to the COVID-19 pandemic's unprecedented impacts, governments and public health authorities globally implemented various measures to control disease transmission, including lockdowns, stay-at-home orders, isolation, and social distancing. Although these strategies have been necessary to mitigate the spread of the virus, they have had unintended, but largely predictable, consequences for individuals and groups facing marginalization, including significant increases in the incidence and severity of intimate partner violence (IPV). Indeed, the "shadow pandemic" of IPV came to attention in mainstream news media coverage of COVID-19, bringing new attention to an issue that has rarely had that level of scrutiny.

While it is widely recognized that media coverage can play a crucial role in raising awareness about social issues, including placing pressure on public officials to take action, it is unclear whether and how media framing of IPV affects advocacy and policy responses regarding IPV. In the context of the increased prevalence and severity of IPV during the COVID-19 pandemic, alongside increased media coverage, this study examined, using critical media analysis methods, how IPV was covered in major Canadian news sources. This coverage was then linked to advocacy and policy development work through analysis of interviews with IPV advocates and policy actors working on IPV and related issues.

The media analysis analyzed a sample of 366 news articles from 15 different news sources between, 2020, and September 30, 2021. Seven primary themes were identified: 1) Reinforcing stigma: news media's contribution to misunderstandings and misconceptions; 2) Causes of IPV: misplaced beliefs and distorted perceptions; 3) Stereotypes and simplifications: portrayal of victims and perpetrators; 4) Unseen shadows: the hidden plight of IPV within systems: 5) Unraveling the invisible pandemic: illuminating the impact of COVID-19 on victims and survivors; 6) Fractured foundations: the impact of COVID-19 on GBV advocacy organizations: and 7) Misguided recommendations and fragmented responses to IPV. This study found that most news articles framed IPV in a manner that reinforced stigma, perpetuated misunderstandings, and oversimplified the issue. However, there was an increase among some articles explicitly linking IPV to the COVID-19 pandemic in presenting IPV in broader context. These articles highlighted the experiences of survivors

and the challenges faced by service providers during the pandemic, which helped to portray the issue as a social problem that required a systemic response.

The interview phase of the study included 7 advocates from GBV advocacy organizations and 9 federal policy actors who discussed the impact of news media's portrayal of IPV on advocacy and policy decision making during the pandemic. The findings revealed that news articles that included contextual information and featured advocates as sources had an important impact on policy thinking. These articles helped create a sense of urgency among government policy actors, supporting the development of policies and programs to address IPV during the pandemic. The study's findings suggest that the media therefore played a key albeit uneven role in shaping public discourse, advocacy efforts, and policy development related to IPV during the COVID-19 pandemic.

Keywords

Summary for Lay Audience

The COVID-19 pandemic brought about an unprecedented public health crisis, resulting in the implementation of various measures by the government and public health authorities worldwide to mitigate the spread of the virus. These measures included lockdowns, stay-at-home orders, isolation, and social distancing. While these strategies were necessary to prevent the spread of the virus, they also had unintended consequences such as an increase in intimate partner violence (IPV).

The issue of IPV gained significant media attention during the pandemic, and it became a common story in mainstream news coverage. This media attention brought new attention to an issue that had rarely received that level of scrutiny. Media coverage is essential in raising awareness about social issues and can play a crucial role in placing pressure on public officials to take action. However, it is unclear how media framing of IPV affects advocacy and policy responses regarding IPV.

This study examined how the Canadian news media covered IPV during the COVID-19 pandemic and how this coverage influenced advocacy and policy responses. The first part of the study found that most media articles depicted IPV in a way that reinforced stigma and perpetuated misunderstandings. However, some articles connected IPV to the COVID-19 pandemic and presented a broader context. These articles highlighted the experiences of survivors and the challenges faced by service providers, emphasizing the need for a systemic response.

The second part of the study involved interviews with advocates from GBV advocacy organizations and policy actors from government departments. The findings showed that news articles with contextual information and input from advocates had a significant impact. These articles created a sense of urgency among policy actors, leading to actions and policies to address IPV during the pandemic. The study highlights the important role of the news media in shaping public discourse, driving advocacy efforts, and influencing policy development related to IPV during the pandemic.

Co-Authorship Statement

Najibullah Naeemzadah completed the following work under the supervision of Dr. Nadine Wathen and the advisement of Dr. Susan Knabe and Dr. Fiona Webster. All supervisors and advisors will be co-authors, as appropriate, on publications resulting from the chapters of this dissertation. Additionally, the two individuals (CB and PK) who assisted with the first phase of the study (media analysis) will be co-authors on publication resulting from the media analysis chapter.

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Chapter 1

1   Introduction

Intimate partner violence (IPV) is a wicked and complex social problem that affects individuals across all genders, races, cultures, classes, and sexual orientations. IPV is defined by the World Health Organization (WHO) as "behaviour by an intimate partner that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviour" (WHO, 2013: vii); it has significant health impacts, especially for women, who experience both short-term and long-term physical, mental, and psychological consequences (J. C. Campbell, 2002; Coker, Davis, et al., 2002; Krug et al., 2002; Potter et al., 2021; WHO, 2013). In some cases, IPV can lead to death (Burczycka & Conroy, 2018). Health outcomes linked to IPV in women include: *physical* – abdominal/thoracic injuries, chronic pain syndromes, disability, fibromyalgia, gastrointestinal disorders, irritable bowel syndrome, reduced physical functioning; psychological and behavioural; *mental* – depression and anxiety, post-traumatic stress disorders, psychosomatic disorder, eating and sleep disorders, suicidal behaviour and self-harm, unsafe sexual behaviour; and *reproductive* – gynaecological disorders, infertility, sexual dysfunctions, unwanted pregnancy, pregnancy complications, sexually transmitted diseases, including HIV/Aids (J. C. Campbell, 2002; Coker, Davis, et al., 2002; Krug et al., 2002; Potter et al., 2021; WHO, 2013). The impact of IPV goes beyond individual harm. IPV has significant impact on families, communities and society. For example, in Canada alone, the total economic impact of IPV in 2009 was approximately $7.4 billion (Zhang et al., 2012), and children who experience IPV, via direct and indirect exposure to violence among caregivers, suffer a range of harms similar to those associated with child abuse and neglect, and are also more likely to, as adults, experience or use violence in their own relationships (MacMillan & Wathen, 2014; McTavish et al., 2016; Wathen & MacMillan, 2013).

Around the world, the prevalence of IPV has been estimated at 27% (Sardinha et al., 2022). In North America (including Canada), approximately 6% of women over the age of 15 years reported experiencing IPV in the past year, with 25% reporting experiencing

it in their lifetime (Sardinha et al., 2022). Evidence suggests that the rates of IPV increase during pandemics. For example, the rates of rape, sexual assault and violence against women and girls in West Africa increased significantly during the Ebola outbreak in West Africa) (Yasmin, 2016). During the COVID-19 pandemic, reports from Canada, the United States, Italy, Spain, China, Brazil, and Australia suggest an increase in IPV (Daya & Azpiri, 2020; Peterman et al., 2020a; Taub, 2020). Furthermore, a recent UN Population Fund report estimated that IPV rates will increase by 20% globally as a result of COVID-19 (UNFPA, 2020).

With an expected spike in the rates and severity of IPV, health and social services will face additional demand. However, COVID-19 containment strategies including – quarantine and social isolation, physical distancing, reduced service availability, loss of employment, reduced childcare, and fear of contracting the virus, are significant barriers to women's ability to access essential services to minimize or escape abuse (WHO, 2020a). Additionally, with little scientific literature on IPV in the context of a pandemic, addressing this social issue will be challenging. Thus, research exploring IPV in the context of a pandemic is urgently needed to develop appropriate policy and service responses.

In the area of policy-making, research has found that the news media can contribute to agenda-setting for policymakers, and the larger public by highlighting newsworthy issues at a particular time (Carlyle et al., 2008a, 2014a; Gillespie et al., 2013a; Lancaster et al., 2011; Maxwell et al., 2000a). Furthermore, the news media can influence policy decision making and the public's perception of social issues, such as intimate partner violence, by communicating aspects of a perceived reality experienced by certain groups (Entman, 1993). Another way that the media can influence policymakers is by shaping public opinion, which in turn, places pressure on policymakers to respond (Buse et al., 2012). For example, media advocacy has been utilized as a strategy to mobilize decision makers for policy change by increasing public awareness (Chapman, 2004; Wallack & Dorfman, 1996).

Policy response and public support for victims of IPV largely depends on how the media frames this social issue. According to Iyengar (1990), 'thematic' framing – which contextualizes issues and emphasizes social responsibility - can generate greater social support, while 'episodic' framing – which emphasizes individual circumstances and responsibility – does not. Research exploring the news media's framing of IPV has found that IPV is often framed as episodic, rather than as a wider societal problem (Bullock, 2007; Gillespie et al., 2013b; Jewkes, 2002a; Richards et al., 2011a). Studies have found that stories of IPV are not always labeled as domestic violence (Bullock & Cubert, 2002a; R. Taylor, 2009a), and when they are, they are likely to blame the victim for the abuse, exonerate the perpetrator, or place the blame on weapons, drugs, and mental health (Carlyle et al., 2008a, 2014a; Richards et al., 2011b).

With a significant increase in the number of IPV cases reported across Canada during the current pandemic, it is crucial for the government to develop policies to address it. However, because IPV affects different women differently – based on their social locations – government responses will need to uptake an intersectional lens to develop policies that meet the unique needs of different women. This study seeks to answer four primary questions: 1) how did the news media frame IPV during the COVID-19 pandemic? 2) what advocacy initiatives did advocates undertook to address IPV during the COVID-19 pandemic; 3) how did the Canadian federal government respond to IPV during the COVID-19 pandemic; and 4) how did media framing of IPV interact with policy and advocacy during the pandemic?

Chapter 2

2   Literature Review

This chapter aims to provide a comprehensive understanding of IPV and its prevalence through a review of scholarly literature. It explores different forms of abuse and violence that can take place within intimate relationships, including physical, emotional, sexual, and financial abuse, and discusses the varying patterns of abuse, such as situational couple violence, intimate terrorism, and violent resistance. Furthermore, the chapter investigates the consequences of IPV, including physical harm, mental health problems, and economic and social impacts. The discussion also covers factors that increase vulnerability to IPV, such as gender, age, socioeconomic status, and cultural norms, as well as theoretical perspectives on the root causes of IPV, such as sociocultural, psychological, and ecological perspectives will be discussed. Furthermore, the chapter delves into the impact of the COVID-19 pandemic on IPV, particularly in terms of reduced availability of services and lack of access to protective services. Lastly, the chapter will discuss the policy development process in Canada, the roles of advocates and the media in shaping policies, and the media's framing of IPV and its influence on policies and the wider public.

2.1   Definition of IPV

As described above, IPV encompasses a range of physically, sexually and/or psychologically harmful behaviours, many of which fall into patterns of abuse characterized by coercive control (WHO, 2013, p. vii), these are more fully described below. Intimate partner relationships include current or former spouses (married or common-law), boyfriend and girlfriend, dating partners, or ongoing sexual partners (Breiding, 2014). An intimate partner is a person, of the opposite or same sex, with whom one has an emotional connection, regular contact, ongoing physical contact and/or sexual interactions (Breiding, 2014).

2.2   Prevalence of IPV

Data from 366 studies and 161 countries show that globally, approximately 27% of women aged 15 and over have experienced physical and/or sexual intimate partner violence in their lifetime, with 13% experiencing it in the past year (Sardinha et al., 2022). The prevalence of IPV against women varies geographically: 21% in Pacific Asia (high income); 18% in Central Asia; 19% in East Asia; 35% in South Asia; 21% in Southeast Asia; 23% in Australaisa; 21% in the Caribbean; 16% in Central Europe; 21% in Eastern Europe; 20% in Western Europe; 38% in Andean Latin America; 24% in Central Latin America; 25% in Southern Latin America; 23% in Tropical Latin America; 31% in North Africa and the Middle East; 25% in North America (high income); 49% in Oceania; 44% in Central Sub-Sharan Africa; 38% in Eastern Sub-Saharan Africa; 27% in Southern Sub-Saharan Africa; and 27% in West Sub-Saharan Africa (Sardinho et al., 2022).

In Canada, approximately 760,000 (4%) of Canadians over the age of 15 years reported experiencing IPV in the previous five years, 4.2 million (14%) reported experiencing emotional abuse at some point in the past, and 900,000 (3%) reported having experienced financial abuse at some point in an intimate relationship (Burczycka & Conroy, 2018). The lifetime prevalence of IPV in Canada has been estimated to be 21% (García-Moreno et al., 2013). The prevalence of IPV varies across provinces and territories. According to the 2014 General Social Survey (GSS), the prevalence of IPV in the provinces and territories in the past five years were: approximately 16% in Nunavut, approximately 13% in the Northwest Territories, approximately 7% in Yukon, 4% in British Columbia, approximately 5% in Alberta and Saskatchewan, approximately 3% in Manitoba, 4% in Ontario and Quebec, slightly over 4% in New Brunswick, approximately 5% in Nova Scotia, slightly over 5% in Prince Edward Island, and 2% in Newfoundland (Taylor, 2016).

2.3   Types of IPV

2.3.1   Physical Violence

Physical violence is the intentional use of physical force with the potential to cause injury, disability, harm, or death (Breiding, 2014). Physical violence includes, but is not limited to: pushing, slapping, biting, choking, hitting, burning, punching, throwing an object at partner, kicking, dragging, hair-pulling, and threatening with or using a weapon (gun, knife, or other object) on an intimate partner (Breiding, 2014; WHO, 2013).

2.3.2   Emotional/Psychological Violence

Emotional violence is the use of verbal and non-verbal communication with the intent to emotionally and/or mentally harm a person and/or exert control over another person (Breiding, 2014). Emotional and psychological violence can include, but is not limited to: expressive aggression (humiliating, name-calling, degrading, minimizing the victim's abilities, constant criticism, and acting dangerously); threat of physical or sexual violence (use of words, gestures, or weapons to communicate the intent to cause harm, disability, injury, or death), coercive control (limiting communication and access to family and friends, money, transportation, making threats to harm self, children, pets, or property), control of reproductive or sexual health (e.g., coerced pregnancy or termination, refusal to use birth control), exploitation of victim's vulnerability (e.g. disability, undisclosed sexual orientation, immigration status), gaslighting (presenting false information with the intent of making the victim doubt their perception and memory), stalking (repeated and unwanted phone calls, voice messages, text messages, emails, letters, watching or following from a distance, spying with a listening device such as camera, approaching or showing up in places such as work, home, school, etc.) (Breiding, 2014).

2.3.3   Sexual Violence

Sexual violence is any sexual act that is attempted or committed by another person without freely given consent (Breiding, 2014; WHO, 2013). It includes, but is not limited to, forced or drug facilitated penetration, non-physically pressured unwanted penetration, intentional sexual touching, or non-contact acts of sexual nature (Breiding, 2014). Sexual

violence can be divided into the following types: unwanted sexual contact (sexual harassment or intentional touching of the genitalia, anus, breast, groin, inner thigh without his or her consent, or of a person who is unable to consent or refuse), non-contact unwanted sexual experiences (unwanted exposure to sexual situations such as voyeurism or exhibitionism, verbal or behavioural sexual harassment such as making sexual comments), completed or attempted forced penetration of a victim, completed or attempted drug facilitated penetration of a victim, non-physically forced penetration where the victim was pressured verbally or through intimidation to being penetrated (e.g. economic coercion, threatening to end relationship, or spreading rumor) (Breiding, 2014; WHO, 2013).

2.4   Patterns of IPV

2.4.1   Intimate Terrorism

Intimate terrorism (IT) is the pattern of IPV that most people think of when they hear the term 'domestic violence'. It involves the use of various types of violence (e.g. physical, sexual, emotional, and financial) and nonviolent tactics (e.g., threats, intimidation, and monitoring) to dominate and gain general and long-term control over a partner (M. Johnson, 2008). Although it is predominantly perpetrated by men (Graham-Kevan & Archer, 2003; M. Johnson, 2006, 2010), literature suggests that it can occur in same-sex relationships (e.g. lesbian couples) (Renzetti, 1992), and heterosexual relationships – where the perpetrator is a woman (Hines & Douglas, 2010). Perpetrators in IT relationships fall under two types: dependent intimate terrorist and antisocial intimate terrorist (M. Johnson, 2010). Both dependent and antisocial intimate terrorists are impulsive, accepting of violence, hostile towards women, and traditional in their sex role attitudes. However, while both are involved in high levels of marital violence and in broad patterns of controlling behaviour, the former violence is rooted in dependency and jealousy, whereas the latter violence is rooted in their antisocial tendencies. Furthermore, while the former is not likely to be violent outside of the family, the latter is. However, both carry out a combination of violent and nonviolent tactics to terrorize their partner in order to gain control over them. Due to the severity of injuries caused by intimate

terrorists, victims regularly end up in shelters, emergency rooms, in law enforcement, or dead (Burczycka & Conroy, 2018; M. Johnson, 2010).

Unlike other, less severe forms of IPV, violence in the IT pattern is much more likely to escalate, be more frequent and severe (M. Johnson, 2010). In a st udy that used 1970s Pittsburg data, Johnson (1999) found that 75% of cases of IT escalated over time and 76% involved severe violence (M. Johnson, 1999). Other studies have found similar results. Graham-Kevan and Archer (2003) found the same patterns in Britain, where 78% of cases escalated over time and 43% involved severe violence (Graham-Kevan & Archer, 2003). The consequences of IT are many. Using the 1999 Canadian General Social Survey, Laroche (2005) found that 21% of female victims of IT reported serious injuries (Laroche, 2005). Using the National Violence Against Women data, Johnson and Leone (2005) found that 79% of women in IT relationships scored above the median on a post-traumatic stress symptom list (M. Johnson & Leone, 2005a). In another study, where data was collected from a national, random-digit sample of telephone households in the United States, Johnson & Leone (2005b) found that women who experienced IT reported more frequent and severe violence, significantly more PTSD symptoms, were more likely to use painkillers, tranquilizers and antidepressants, and more likely to miss work (M. Johnson & Leone, 2005a). Although IT accounts for a relatively small percentage of all violence that occurs in intimate relationships, it is the type, due to its severe impacts, that receives the attention of public agencies such as shelters, law enforcement, health and social service professionals, and others (M. Johnson, 2011).

2.4.2   Violent Resistance

Violent resistance (VR) is defined as violence that takes place as an immediate reaction to assault in order to protect oneself or one's children (M. Johnson, 2013). It is important to note that the resister uses violence to prevent future assaults and not to coercively control their partner. In VR situations, the resister may use violence for a number of reasons; the resister believes that she can defend herself, or that if she fights back often enough, the abuser will stop (M. Johnson, 2013). Because intimate terrorism is mostly perpetrated by men, violent resisters are more likely to be women (M. Johnson, 2010). However, for many women in heterosexual relationships, using violence to prevent future

assaults does not lead to an end in violence because of the physical size difference (M. Johnson, 2013). In some cases when the violence does not cease, the resister may feel the only way to escape is to kill the intimate terrorist (M. Johnson, 2013).

2.4.3 Situational Couple Violence

Situational couple violence (SCV) is defined as violence that occurs due to tensions or conflicts that arise from particular encounters resulting from one or both partners having poor anger management, poor communication skills, or poor problem solving abilities (Ellis & Stuckless, 1996; M. Johnson, 1995, 2006). Although the violence may look similar to more severe forms of IPV (e.g., IT), the nature of the violence is vastly different. SCV can involve physical aggression (e.g., pushing, grabbing, slapping, shoving, etc.) or verbally aggressive behaviours (e.g. yelling, name calling, cursing, etc.) (J. B. Kelly & Johnson, 2008). However, the violence is not rooted in domination and coercive control (M. Johnson, 2013). SCV often starts from verbal arguments that can potentially escalate to minor (e.g. slap or push) or major (e.g. homicide) form of violence (M. Johnson et al., 2002). More severe violence is likely to occur in SCV when violence occurs more frequently. However, unlike other, more severe forms of IPV, SCV is not rooted in one partner's need to control the other, rather, it is rooted in events/situations (M. Johnson, 2013; M. Johnson et al., 2002). In some cases, when the violence occurs, the aggressor is immediately remorseful, apologizes and never does it again. In other cases, it can be a chronic problem with one or both partners resorting to violence.

Generally, SCV is more likely to be reciprocated, less frequent and less likely to escalate over time compared to other forms of IPV (e.g., IT or VR) (M. Johnson & Ferraro, 2000; M. Johnson & Leone, 2005b). In the study conducted by Johnson (1999), it was found that 28% of SCV cases escalated over time and 28% involved severe violence (M. Johnson, 1999). Similarly, Graham and Archer (2003) found that 20% of SCV cases escalated over time, 20% involved severe violence, and 87% of the cases involved mutual violence (Graham-Kevan & Archer, 2003). Furthermore, Ansara & Hindin (2010) found that only 8% of SCV cases involved frequent violence. Laroche (2005) found that 5% of female victims of SCV reported serious injuries. It is important to note that marital satisfaction also varies significantly across different patterns of IPV. While 50% of

women experiencing IT reported very low marital satisfaction, 13% of women experiencing SCV reported marital dissatisfaction (M. Johnson et al., 2002).

2.4.4   Mutual Violent Control

According to Michael Johnson's typology, there is a fourth type of violence - mutual violent control (MVC). Mutual violent control refers to controlling violence in a relationship in which both partners are controlling and violent (M. Johnson, 2006). Although Johnson (2008) argues that this type of violence is rare, other scholars have contested that his typology used data only on female victimization and therefore the degree of mutuality cannot be assessed (Capaldi & Kim, 2007; M. A. Straus, 2011). Some researchers who have measured both perpetration and victimization found much higher rates of MVC. For example, using a shelter sample of women, McDonald and colleagues (2009) found that 67% of women had engaged in severe violence towards their partner (McDonald et al., 2009). In another study, using a sample of male prisoners, Graham-Kevan and Archer (2003) found that 31% of men reported MVC (Graham-Kevan & Archer, 2003). However, these studies did not consider the contextual factors within which the violence occurred. As Johnson (2013) rightfully stated, some women are likely to use extreme forms of violence for self-defence, e.g., violent resistance (VR, above).

2.5   Consequences of IPV

2.5.1   Physical Health

Individuals exposed to IPV experience both short-term and long-term physical consequences (Campbell et al., 2002; Coker, Davis, et al., 2002; Krug et al., 2002a; Wathen & MacMillan, 2014; WHO, 2013). Each year, millions of women suffer from acute IPV-related injuries, ranging from minor injuries to disfigurement, life-threatening injuries, permanent disability, and death (M. C. Black, 2011). In the U.S. alone, over 2 million women are injured and 1300 die from IPV each year (Center for Disease Control & Prevention, 2003). Over 25% of women who are injured by an intimate partner require medical attention (Chrisler & Ferguson, 2006). Many of these injuries are caused by blunt force trauma to the face, neck, and head (Boyes & Fan, 2020; Gerber et al., 2009;

Muelleman et al., 1996; Nelms et al., 2009; Sheridan & Nash, 2007; Wong et al., 2014). Particularly, facial injuries occur at a high rate, with some studies suggesting between 76% and 94% being treated for facial injuries (Boyes & Fan, 2020; Gerber et al., 2009; Le et al., 2001; Nelms et al., 2009; Ochs et al., 1996; Plichta, 2004; Wong et al., 2014). Approximately, 67% of women treated in emergency rooms for IPV-related injuries suffer from head injuries, with 33% experiencing loss of consciousness at least once (Chrisler & Ferguson, 2006). Furthermore, it has been estimated that between 54% and 68% of women presented in emergency rooms had been strangled by their intimate partner (Banks, 2007; Sutherland et al., 2002). Although strangulation and traumatic brain injuries are common consequences of IPV, they are frequently undiagnosed (Banks, 2007; Wilbur et al., 2001).

The most serious consequence of IPV is femicide. According to data from Canada, the U.S, Australia, Israel, and South Africa, 40% to 80% of women are killed by their male intimate partner within the context of an abusive relationship (Burczycka & Conroy, 2018; Krug et al., 2002a). In Canada, of the 945 intimate partner homicides between 2008 and 2018, approximately 80% of victims were women (Burczycka & Conroy, 2018).

Research from various disciplines examining the health consequences of physical, emotional and sexual violence across dozens of populations have found elevated risks affecting the brain and nervous system (headaches, migraines, memory problems, seizures, speech difficulties) (Banks, 2007; J. C. Campbell, 2002; Coker et al., 2000, 2005; Cox et al., 2006; Jackson et al., 2004; Kramer et al., 2004), genitourinary system (bladder/kidney infections) (Campbell et al., 2002; Coker et al., 2000), cardiovascular system (angina, cardiovascular disease, high blood pressure/hypertension, high cholesterol, stroke) (P. H. Black & Garbutt, 2002; Breiding et al., 2008; Coker et al., 2000, 2005; Kendall-Tackett, 2007; Zink et al., 2005), musculoskeletal system (activity limitations, arthritis, broken bones, joint disease, physical disability, functional impairment, physical injuries) (Breiding et al., 2008; Coker et al., 2000, 2005; Kramer et al., 2004; Martin et al., 2008), gastrointestinal system (constipation, diarrhea, frequent indigestion, gastric reflux, irritable bowel disorder, inflammatory bowel syndrome, spastic colon, stomach ulcers, stomach/gastrointestinal problems) (Coker et al., 2000;

Kramer et al., 2004; Leserman & Drossman, 2007), and immune and endocrine system (chronic pain, inflammation, metabolic syndrome/diabetes) (Cox et al., 2006; Inslicht et al., 2006; Leserman & Drossman, 2007; Pico-Alfonso et al., 2004; Woods et al., 2005). Additionally, evidence suggests a positive correlation between severity and frequency of IPV and severe health outcomes (J. C. Campbell, 2002; Cox et al., 2006; Jackson et al., 2004). Furthermore, women who have experienced multiple forms of IPV are more likely to develop serious health consequences (P. H. Black & Garbutt, 2002).

2.5.2   Mental/Psychological Consequences

Intimate partner violence has various mental and psychological consequences for women. Studies exploring the association of IPV with mental/psychological health have found that women exposed to IPV have significantly higher rates of mental health issues than non-abused women (BC Society of Transition Houses, 2011; Delara, 2016; Domenech Del Rio & Sirvent Garcia Del Valle, 2017). One study found that 50% of women surveyed who experienced IPV had a clinical mental health diagnosis compared to only 20% of non-abused women (Ludermir et al., 2008). A study by Dutton et al. (2005) found that women exposed to abuse were 3 to 5 times more likely to develop depression, posttraumatic stress disorder (PTSD), or becoming suicidal than women not exposed to violence (M. A. Dutton et al., 2005). Systematic reviews examining the impact of IPV on mental health have also found positive associations between IPV and mental health disorders such as depression, diagnosed major depressive disorder, dysthymia, anxiety, Post-Traumatic Stress Disorder (PTSD), somatization, and suicide attempts in women (Bacchus et al., 2018; Beydoun et al., 2012; Chen et al., 2010; Devries, Mak, Bacchus, et al., 2013a; Lagdon et al., 2014; McLaughlin et al., 2012; Trevillion et al., 2012). For example, Cascardi et al. (1999) reviewed 14 studies and found the prevalence of depression to be between 38-83% (Cascardi et al., 1999), while Golding (1999) found a prevalent rate of 47.6% in women who had experienced IPV (Golding, 1999).

2.5.3   Alcohol and Drug Use

Research suggests that a large number of women who use substances are victims of violence in their relationships (Freeman et al., 2002). Women exposed to IPV are more

likely to use alcohol heavily, smoke cigarettes, use illegal drugs, and misuse prescription drugs (Cafferky et al., 2018; Devries et al., 2014a). Alcohol dependency, particularly, has been found to be 15 times higher for women impacted by IPV than the general public (Humphreys et al., 2005). Additionally, those experiencing IPV are more likely to use multiple types of substances, and at higher doses, than non-IPV exposed women (Cafferky et al., 2018; Martin et al., 1998). Furthermore, studies have found that women's experiences of abuse precedes their substance use (Purdon & Tettero, 2008). For example, it has been found that over 66% of women accessing anti-violence services reported that their substance use began after experiencing violence in their relationship (Parkes et al., 2007). For some, using substances is way to cope with the violence (Weiss et al., 2014).

2.5.4   Sexual and Reproductive Health

IPV can lead to a myriad of negative sexual and reproductive health consequences for women. IPV has been consistently associated with inconsistent condom use, sexual risk taking, having unplanned pregnancy, pregnancy complications, partner non-monogamy, sexual dysfunction, and having a sexually transmitted infection (STI) including HIV, urinary tract infection (UTI), pelvic inflammatory disease, abortion and unsafe abortion, and sexual dysfunction (Coker, 2007; Li et al., 2014; WHO, 2012). A 2004 systematic review found maternal and infant mortality to be three times higher among abused than non-abused mothers, more likely to suffer from kidney infections, gain less weight during pregnancy, and more likely to undergo operative delivery (Boy & Salihu, 2004). Additionally, fetal morbidity such as low birth weight, preterm delivery, and small size for gestational age are found to be more frequent among abused than non-abused gravidas (Boy & Salihu, 2004; Hill et al., 2016; Shah & Shah, 2010). Furthermore, termination of pregnancy (TOP) (induced abortion) is much higher amongst women experiencing IPV.

2.5.5   Financial Consequences

Intimate partner violence has significant economic impact on individuals who experience it, on families, and on society more broadly. While the global economic cost of IPV is

unknown, in Canada, the total cost of victimization in 2009 was approximately $12.7 billion (Hoddenbagh et al., 2014). Victim costs such as medical (initial health care and long-term health care), lost productivity (current income, household services, education, child care services, future income), intangible (pain and suffering), and other (stolen, damaged, or destroyed property) incurred a total of $10,637,830,217, followed by justice system (police, court, prosecution, legal aid, corrections) at $1,871,090,567, and third-party (employer losses, administration, additional output), social services operation (victim services and crisis line) costed $174,071,523 (Hoddenbagh et al., 2014; MacGregor et al., 2019).

2.6   Risk Factors

IPV is a multifaceted phenomenon that results from the dynamic interplay of individual, relationship, community, and societal factors (Heise, 1998; Krug et al., 2002a; WHO, 2012). At the individual level, demographic factors (e.g., gender, age, education, income), exposure to family violence during childhood (e.g., maltreatment, physical, psychological, and sexual abuse, harsh parenting, violence between parents/caregivers), mental health disorders (e.g., depression, anxiety, PTSD), personality disorders (e.g., insecure, emotionally dependent, low self-esteem, antisocial behaviour, individual attitudes (e.g., acceptance of violence), and harmful use of alcohol and/or other drugs can contribute to an individual becoming a victim or perpetrator of violence in an intimate relationship (Austin, 2013; Capaldi et al., 2012a; D'Aguanno et al., 2017; Devries et al., 2014b; Gil-González et al., 2007; Spencer et al., 2019a; Tu & Lou, 2017; WHO, 2014; Yakubovich et al., 2018). At the relationship level, factors such as marital/relationship status, relationship discord or dissatisfaction, male authority in the family, unintended pregnancy, economic stress, association with deviant peers, and parents with less than a high school education can increase risk of IPV (Capaldi et al., 2012; Costa et al., 2015; Krug et al., 2002; Smith-Marek et al., 2015; Spencer et al., 2019; Stith et al., 2008; WHO, 2012; Yakubovich et al., 2018). At the community level, factors such as poverty, unemployment, neighborhood environment, culture of violence, high crime rate, lack of access to formal and informal services (e.g., shelter, mental and health services, and transportation), alcohol and other drug outlets, and social isolation can contribute to IPV

(Beyer et al., 2015; Capaldi et al., 2012; U. A. Kelly, 2011; Raghavan et al., 2006, 2009; VanderEnde et al., 2012; Voith, 2019; Yakubovich et al., 2018). Societal level factors include gender-inequitable social norms, poverty, low social and economic status of women, weak legal sanctions against IPV, lack of women's civil rights (e.g., inequitable divorce and marriage laws), and broad social acceptance of violence as a means to resolve conflict, high levels of general violence in society (U. A. Kelly, 2011; Krug et al., 2002b; WHO, 2012).

2.7 Theories of Intimate Partner Violence

Intimate partner violence was first widely recognized as a social problem in the 1970s after a long history of being considered a private matter (R. E. Dobash & Dobash, 1979; Gelles, 1985). Since this shift, many scholars have attempted to explain the causes of IPV using various theories. Broadly, theories of IPV have tended to view the issue from either a feminist perspective or a family violence perspective. Family violence theorists view IPV as one aspect of the larger issue of family violence and not qualitatively different from elder abuse, child abuse, or violence between siblings (Lawson, 2012). Feminist theorists, on the other hand, view IPV as being fundamentally rooted in gender and the patriarchal domination of men over women (R. P. Dobash et al., 1992). Furthermore, while family violence theorists posit that IPV is gender symmetrical, feminist theorists claim that it is predominantly perpetrated by men.

There are, however, some similarities between the feminist and family violence perspectives. Despite the family violence perspective of gender symmetry, both perspectives view sexism as a contributing factor to IPV (Kurz, 1989). Both perspectives acknowledge gender imbalances, that men initiate more violence, inflict more harm when using violence, and women have barriers to leaving violent relationships due to social norms (Gelles & Maynard, 1987). However, the difference is that feminist analyses place sexism and patriarchy at the center of the analysis, whereas family violence theorists view it as only one of the causal factors among many (Lawson, 2012).

2.7.1   Family Violence Perspective

The family violence perspective has been primarily developed, defined, and advocated by sociologist Richard Gelles and Murray Straus who argue (Gelles & Straus, 1979) that violence between family members (including IPV) is a "normal" and "inevitable" part of life in most societies. They claim that the nature of intimacy and the social organization of the family makes it more violence-prone than other social interactions and settings (Gelles, 2016). As such, the unit of analysis for these theorists is the family. These scholars have developed various theories such as systems theory, ecological theory, and resource theory to explain why violence occurs in the family. Straus (1973) was the first to propose the application of systems theory to family violence. He claimed that violence within a family was a result of systemic factors rather than a product of aberration, inadequate socialization, or psychotic personality (M. Straus, 1973).

Resource theory was proposed by Goode (1971) and Allen & Straus (1975) and posits that violence is a resource that an individual can use to achieve personal objectives. They claim that individuals with fewer resources (e.g., income, education, social skills, status, prestige) are more likely to use violence to achieve their goals than those with more resources. They state, "this theory implies a correlation between power and violence only under certain circumstances, since power can be maintained by the use of resources other than violence. In short, the relationship between power and marital violence is contingent on what resources, other than violence, are available" (C. M. Allen & Straus, 1975). However, evidence suggests that IPV has no boundaries and occurs in all relationships, regardless of the number of resources one has.

Furthermore, Donald Dutton (1994) proposed a nested ecological theory to explain the complex and interrelated networks of systems that influence violent behaviour. He identified four levels of systemic social context: the macrosystem – broad cultural values and beliefs; the exosystem – groups and institutions (e.g. schools, peers, work, and church) that connect the family to the larger environment; the microsystem – the family that surrounds individuals; and ontogenic – factors related to the individual's personal development (D. G. Dutton, 1994). Dutton argues that factors from all four levels contribute to IPV. However, unlike sociological theorists, Dutton (a social psychologist),

focuses on the individual as the unit of analysis for understanding IPV. He does, however, consider environmental factors and relationships of the individual as essential to understanding IPV (Lawson, 2012).

Although the ecological model is primarily considered to be within the family violence perspective, it can and does support feminist perspective by allowing for an integration of theories. For example, the ecological model can show how the different levels are constantly interacting to influence violence against women (Terry, 2014).

Family violence scholars often argue that both men and women are equally likely to perpetrate violence in an intimate relationship (H. Johnson, 2015). Using large scale surveys that use the Conflict Tactic Scale (CTS), family violence researchers have found similar prevalence rates of IPV in women and men (e.g., Archer, 2000; Breiding, 2014; Cercone et al., 2005; Kessler et al., 2001; Lysova et al., 2019; M. M. A. Straus et al., 1982; Teten et al., 2009). For example, using data from the 1975 National Family Violence Surveys (NFVS) in the U.S, Straus et al., (1980) found that 12.1% of women and 11.6% of men were victims of IPV. A decade later, using the 1985 NFVS data, they found 11.3% of women and 12.1% of men had been victimized by their opposite sex partner (Stets & Straus, 1990). More recently, Straus (2004 & 2008) and Straus and colleagues (2007), conducted studies using the Conflict Tactics Scale (CTS) and its revised version, the CTS2, in a university student sample. They found similar rates of IPV perpetration in men and women (10% vs 16-25%) (M. A. Straus, 2008). They also reported that approximately 70% of all assaults and 60% of severe assaults were bidirectional. In Canada, a 2019 study, using the 2014 General Social Survey on Victimization, found 2.9% of men and 1.7% of women reported experiencing physical and/or sexual IPV in their current relationship (Lysova et al., 2019).

Reports from large scale studies show that both men and women suffer from physical, psychological and emotional consequences of IPV. A 2002 population-based study assessing the physical and mental health consequences of both physical and psychological IPV among men and women found that IPV victimization was associated with increased risk of current poor health, depressive symptoms, substance use, and

developing chronic health conditions (Coker et al., 2002). A more recent study found similar results. Based on the 2014 Canadian General Social Survey on Victimization, Lysova et al., (2019), found no difference in the experience of long-term effects of IPV (PTSD) in men and women. They did, however, report that female victims were significantly more likely to report injuries and short-term emotional effects (e.g., fear, depression and anger).

Originally developed by Straus and Gelles in the 1970s, the CTS is premised on the inevitability of conflict in human relationships and by extension the existence of conflict between all the configurations of family relationships (e.g., parents-children, sibling, and spousal) (M. Allen, 2011; H. Johnson, 2015). The CTS was designed to measure different tactics (e.g., reasoning, negotiation, verbal aggression and physical aggression) in response to conflict (M. Allen, 2011; H. Johnson, 2015). The standardized questions in the scale measure the use of one or more of these tactics during a conflict or anger situation during the previous 12 months. The frequency of such tactics (e.g., slapping or throwing an object at a partner) are then classified as minor or severe (Mahoney, 2001). For example, a partner swearing repeatedly more than the other would be considered more violent as they would score higher on the scale due to their frequent use of this violent tactic.

The CTS, however, does not capture the context, motives and severity of IPV (H. Johnson, 2015). Studies using the CTS fail to count violence in previous relationships as it only measures violence experienced in the past 12 months, disregards who initiated the violence, who was injured, whether the violence was in self-defence, and the psychological impact of victimization (M. Allen, 2011; R. P. Dobash & Dobash, 2004; Saunders, 2002). Furthermore, the scale fails to capture the nuances of IPV by using a counting system that equates a hit with a hit regardless of outcome or patterns of escalation over time (H. Johnson, 2015). For example, two slaps, while significantly less severe, would be considered as severe as two knife attacks. A woman swearing at her partner repeatedly in response to him breaking her arm only once would score higher on the scale and thus would be considered more violent, despite her sustaining a more serious injury. Because women are likely to use violent tactics to defend themselves from

their violent partners, the scale often finds them to be as violent as men (Belknap & Melton, 2005; R. P. Dobash et al., 1992; H. Johnson, 2015; M. Johnson, 2008; Loseke, 2005).

A further limitation of the CTS in measuring IPV is its focus on physical violence. Physical violence is only one form of IPV. Other forms such as emotional and psychological abuse are not captured by the CTS (Heise & Garcia-Moreno, 2002; Mahoney, 2001; Watson & Parsons, 2005). Qualitative studies have shown that many women find emotional and psychological abuse more intolerable than physical abuse (Heise & Garcia-Moreno, 2002; Mahoney, 2001; Watson & Parsons, 2005). Because IT relationships consists of various forms of violent (e.g. physical, emotional, financial) and nonviolent tactics (e.g. monitoring), the CTS fails to capture other forms of IPV, such as IT.

Population level cross sectional studies measuring the prevalence of IPV paint a broad brush across IPV experience and consequences. Such studies fail to measure gender specific variables and ultimately fail at capturing the nuances of gendered experience/consequences of IPV. Furthermore, these studies fail to capture the nuances of IPV at different intersections. Different types of IPV reflect gender differences in both perpetration and victimization, suggesting that IPV is not a unitary phenomenon. A gender-neutral approach to IPV dismisses women's greater injuries and other sex differences (Dragiewicz & DeKeseredy, 2012). Despite the inability of the CTS to accurately measure IPV, many scholars, policy makers, the media, and the wider community continue to accept findings from studies using the scale (H. Johnson, 2015).

2.7.2   Feminist Perspectives

Since the early 1970s, the feminist perspective has been one of the predominant theoretical models in understanding IPV. The feminist model is grounded in the principle that IPV is the result of male oppression of women within a patriarchal system in which men are the primary perpetrators of violence and women the primary victims (Anderson, 1997; DeKeseredy & Dragiewicz, 2007; R. E. Dobash & Dobash, 1979; M. Johnson, 1995, 2006; P. Johnson & Leone, 2005a; Kurz, 1989; Yllo, 1993). Furthermore, they

reject the notion that women are just as likely to perpetrate violence – a notion that is not captured by family violence theorists (R. E. Dobash & Dobash, 1979). According to the feminist model, male violence within intimate relationships results from historic and current power gaps. Men maintain women's subordinate status by using control, which includes physical, sexual, economic, and psychological abuse, encompasses tactics of intimidation and isolation (Carthy et al., 2019). Feminists believe that IPV is caused by social, cultural, and political forces requiring action at the policy level. The feminist model challenges the traditional notion that IPV is a private family matter. Thus, feminists demand public solutions to the problem of IPV including programs and services for women who are battered, treatment for perpetrators, and the involvement of the criminal justice system to hold perpetrators accountable (McPhail et al., 2007).

Feminist researchers, studying IT, argue that men are significantly more likely than women to be violent in intimate relationships. They use data collected from qualitative research from samples of women in agencies (e.g., shelters, courts, hospitals, police, etc.) to capture women's experiences of IPV. Both Michael Johnson (2008) and Graham-Kevan and Archer (2003) have found men as significant perpetrators of IT at 89% and 87% respectively. Evidence from a different body of studies, in which data are drawn from agencies (e.g. police, shelters, courts, and emergency rooms) indicate that all forms of IPV are overwhelmingly perpetrated by men against women (R. P. Dobash & Dobash, 2004; Tjaden & Thoennes, 1998).

According to police reports, of the 945 intimate partner homicides that occurred between 2008 and 2018 in Canada, 80% were female victims (Burczycka & Conroy, 2018). Overall, there were about 78,000 female victims of IPV, representing a rate of 542 victims per 100,000 women aged 15 years and older. This compares to a rate of 139 male victims per 100,000 population, as measured by the GSS (e.g., CTS questions) (Sinha, 2012). Women were four times more likely than men to be victims of both spousal and dating violence (Sinha, 2012). In 2009, women were over three times more likely than men to report being sexually assaulted, beaten, choked or threatened with a gun or a knife (34% vs 10%) (Sinha, 2012). They were also much more likely than men to experience chronic forms of IPV, with 53% reporting multiple victimization compared to 35% of

male victims (Sinha, 2012). Furthermore, women are more likely to be physically injured, with 42% reporting being injured in the past 5 years compared to 18% of male victims.

Evidence from hospital reports show women are much more likely to be hospitalized due to injuries sustained by an intimate partner. A 2015 study in the U.S, where data hospital data were collected from 2006 to 2009, found that 93% of the 112,664 visits made to the emergency department were women (Davidov et al., 2015). The most cited injuries were superficial injuries and contusions, skull/face fractures and complications of pregnancy (Davidov et al., 2015).

The feminist model has further evolved since the second-wave feminist movement with the addition of two vital components. First, early feminist perspectives primarily focused on gender as a category for analysis, however, the feminist model evolved to acknowledge intersections between gender and other systems of oppression, such as race, class, national origin, sexual orientation, age, and disability (Berry et al., 2003; Collins, 2000; Crenshaw, 1990; U. Taylor, 1998). Second, Queer theorists and global feminists also offered intersectional perspectives, which made feminism multidimensional (C. J. Cohen, 1997; Crenshaw, 1990; Hooks, 2000; Mohanty, 2003; Narayan, 1998). These new perspectives emphasized the understanding that experiences within race, gender, nationality, class, and other markers of identity make individuals different and similar, unequal and equal. This evolution of feminism, from singular to intersectional, leads to a better understanding of how to view IPV.

Over the years, the feminist perspective has been criticized by academics, practitioners, sociologists, and others for several reasons. Mills (2003), for example, states that "the assumption underpinning mainstream feminist advocacy efforts is that all intimate abuse is heterosexual, that violence is a one-way street (male to female, that all violence warrants a state response, and that women want to leave rather than stay in their abusive relationship" (pp6-7). The assertion of some feminists that women can only be the recipients of violence and cannot perpetuate violence has not only been criticized, but also dismissed by various researchers (M. J. George, 1994, 2007; Ogilvie, 1996). Several studies have also been published which show that women can be equally or more violent

than men (Anderson, 2002; Archer, 2000, 2002; Brown, 2004; Capaldi et al., 2007; Capaldi & Owen, 2001; Hamberger & Potente, 1994; M. A. Straus & Gelles, 1986). However, these studies have used the CTS, which limits conclusions reported.

Some have argued that police reports are an unreliable source because men are unlikely to report being abused (Douglas & Hines, 2011; Lysova et al., 2019). Some argue that men are less likely to involve the police because of their lack of response (Burczycka, 2016). They claim that female victims of IPV are three times more likely to report violent incidence to the police (Brennan, 2011).

Furthermore, Dutton (2012) argues that a lack of comparable shelter-seeking groups of male victims has limited our understanding of severe forms of IPV. He states that the gender paradigm exclusively studies samples of women drawn from agencies (e.g. shelters) and samples of men from criminal justice (e.g. courts) to reinforce the notion that all IPV perpetrators are male and all victims are female. He further argues that studies on IT are flawed and one-sided and surveys that include both sexes and asks about both perpetration and victimization will generate a more complete picture of IPV than one sided victim interviews with women in shelters. Thus, studies with male victims from agencies (e.g., shelter, courts) are needed to explore men's experiences of severe forms of IPV. However, the nonexistence of shelters for male victims limits this possibility.

2.8   IPV During the COVID-19 Pandemic

A pandemic is defined as "an epidemic occurring over a very wide area, crossing international boundaries, and usually affecting a large number of people" (Porta, 2014). The SARS CoV2 coronavirus was first identified in December of 2019 in Wuhan, China, and COVID-19, the disease caused by the virus, was declared a pandemic by the WHO on March 11, 2020 (WHO, 2020d). Around the world, millions have been infected, and over six million have died from the virus (https://COVID19.who.int/). Reports from the United States, China, Canada, Australia, and several European countries show a significant increase in IPV cases since the beginning of the pandemic (Boserup et al., 2020; Bradley et al., 2020; Daya & Azpiri, 2020; Gupta, 2020; Mahase, 2020; Parveen &

Grierson, 2020; Peterman et al., 2020a; Taub, 2020; WHO, 2020d). For example, in the UK, a tracking project on violence against women found that deaths from domestic violence more than doubled between March 23 and April 12, 2020 compared to the previous ten years (Grierson, 2020). In China, a police department reported that domestic violence had more than tripled in the County of Jinali, in the Hubei province in February 2020 compared to February 2019 (Allen-Ebrahimian, 2020). In the U.S, there has been an increase of 21% to 35% in domestic abuse cases across different states (Wagers, 2020). In Canada, rates of IPV have increased by 20 to 30% during the pandemic (Sawatsky, 2020). With the uncertain and constant changing nature of the COVID-19 pandemic, the rates of IPV has been projected to increase by 20% globally (UNFPA, 2020).

In an effort to contain the spread of the virus, countries across the globe have instituted various combinations of lockdowns, stay at home orders, social isolation, and social distancing measures. Although these strategies have been necessary in mitigating the spread of the virus, they are directly linked by experts to the alarming increase in IPV cases around the world. Many factors, reviewed below, have contributed to this increase, including: economic insecurity, quarantines and social isolation, reduced health and social service availability, and difficulty accessing protective resources (Moreira & da Costa, 2020a; Peterman et al., 2020b).

2.8.1   Economic Insecurity

Research has found an association between economic insecurity and IPV. Schneider et al (2016) examined the effect of the Great Recession on IPV in the U.S and found a positive correlation (Schneider et al., 2016). In another study that examined the differences in male and female unemployment across 31 countries, Bhalotra and colleagues (2020) found that a 1% increase in male unemployment increased physical IPV for women by 2.5%. In contrast, they found that female unemployment decreased IPV by 2.75% (Bhalotra et al., 2020). However, in a U.K study, Anderberg and colleagues (2016) found that male unemployment decreased IPV while female unemployment increased IPV during the recession (Anderberg et al., 2016). This heterogeneity in findings is not surprising given that IPV is complex and closely tied to cultural context and gendered social norms (Tur-Prats, 2017).

Economic insecurity has also been linked to coping characterized by behaviour including substance misuses, arguments, taking on debt, and other risky behaviours (e.g. transactional sex), which can increase acute and chronic stress and result in various types of IPV (Doyle Jr & Aizer, 2018). Additionally, economic insecurity (particularly male unemployment) can trigger a crisis of male identity (specifically in male dominant households) and lead to aggression and violence against their partner as they attempt to maintain dominance and meet social expectations (Jewkes, 2002b). Given that unemployment rates have skyrocketed around the world as a result of the COVID-19 pandemic, and the impact that unemployment has on IPV, it is important for governments to develop policies addressing the economic insecurity that families are experiencing and will continue to experience.

In Canada, the national unemployment rate more than doubled from 5.6% in February to a record high of 13.7% in May of 2020 before dropping down to 11.1% in August 2020 (Statistics Canada, 2020). However, the national unemployment rate masks differences across population groups. For example, Arab (17.9%), Black (17.6%), and Southeast Asian (16.6%) Canadians continue to have significantly higher unemployment rates than non-visible minority groups (Statistics Canada, 2020). Although the long-term economic impact of COVID-19 is unknown, research suggests that long-term unemployment can have severe negative emotional consequences for men and women, which can lead to an increase in less severe forms of IPV (situational couple violence) due to increased stressors and conflict, and exacerbate more severe forms of IPV (intimate terrorism) resulting from greater coercive control by the perpetrator (Basbug & Sharone, 2017). A recent Canadian survey reported that 40% of respondents said that the pandemic has affected their financial stress levels, 54% of women and 43% of men reported losing sleep over financial worries, 18% reported health issues, 15% reported marriage/relationship problems, 13% reported family disputes, and 10% reported mental health/substance abuse challenges, with 10% saying the stress effects were significant (FP Canada, 2020).

2.8.2   Quarantine and Social Isolation

Quarantine and social isolation are public health measures used for containing and preventing the transmission of infectious diseases among individuals and communities (CDC, 2019; Tognotti, 2013). Although they share the same purpose of preventing spread during pandemics, they are different in approach. While social isolation aims to separate the infected from those not infected, quarantine separates and restricts the movement of those exposed to a contagious disease to monitor if they develop the disease over time (CDC, 2019). Previous research has found quarantine and social isolation during a pandemic to be positively correlated with mental health disorders such as depression, anxiety, PTSD, mood disorders, insomnia, fear, low self-esteem, and lack of self-control, suicide attempts, and problematic coping behaviours (Brand et al., 2013; Hossain et al., 2020; Lau et al., 2008; Mak et al., 2009; Reissman et al., 2006; Yeung & Fung, 2007). A study by Jeong and colleagues (2016) assessed the mental health status of individuals social isolating during the Middle East Respiratory Syndrome (MERS) epidemic and found the prevalence of anxiety symptoms and feelings of anger to be 7.6% and 16.6%, respectively (Jeong et al., 2016). In a Canadian study, Hawryluck and colleagues (2004) studied 129 quarantined persons during the 2003 SARS epidemic and found 28.9% experienced PTSD and 31.2% experienced depression (Hawryluck et al., 2004). Although the mental health impact of COVID-19 is largely unknown, a web-based cross-sectional survey in China found that 35.1% of respondent experienced anxiety symptoms, 20.1% experienced sleep disorder, and 20.1% experienced depressive symptoms during the pandemic (Huang & Zhao, 2021). In Canada, a recent Canadian Perspectives Survey Series (CPSS) found that only 54% reported excellent or very good mental health during the COVID-19 pandemic, compared to 69% in 2018 (Gilmour, 2020). The survey also found that women were more likely to report poorer mental health compared to men (49% vs 60% in 2020 and 66% vs 71% in 2018) (Gilmour, 2020). Furthermore, Health Canada estimates that approximately 11 million Canadians will experience high levels of stress and close to 2 million will experience traumatic stress as a result prolonged isolation (Collie, 2020).

A 2019 meta-analysis exploring the relationship between mental health disorders and symptoms of mental health disorders found depression, anxiety, PTSD, antisocial personality disorder, and borderline PD to be significant correlates for both IPV perpetration and victimization (Spencer et al., 2019). Furthermore, in a study of 308 men arrested for domestic violence in Rhode Island, Shorey and colleagues (2012) found significantly high prevalence of depression, PTSD, generalized anxiety disorder (GAD), panic disorder, social phobia, and alcohol and drug disorders in men arrested for domestic violence (Shorey et al., 2012). Other studies have reported similar findings (Breet et al., 2019; Capaldi et al., 2012a; Devries, Mak, Bacchus, et al., 2013b; Devries, Mak, Garcia-Moreno, et al., 2013b; Yu et al., 2019).

Quarantine and social isolation paired with negative coping mechanisms by the perpetrator (e.g. excessive alcohol consumption), and economic and psychological stressors create conditions that increase pre-existing violent forms of IPV, such as intimate terrorism (A. M. Campbell, 2020; Usher et al., 2020). During quarantine, women's risk and severity of IPV can increase as they become trapped in their homes with the perpetrator (A. M. Campbell, 2020; Usher et al., 2020). These conditions remove protective factors such as employment and formal and informal support that are critical in minimizing or escaping abuse (A. M. Campbell, 2020b). In Italy, a domestic violence helpline reported receiving 55% fewer calls in the first two weeks of March because women were unable to seek help while in close proximity with their abusive partners (UN Women, 2020). Similarly, in Canada, a police report found a decrease of 17% in calls to victim services for domestic violence during the pandemic (M. Allen & Jaffray, 2020). However, data from service organizations such as SOS – a domestic violence shelter in Quebec reported significant increase in the number of calls received from family and friends of women experiencing IPV, citing women's fear of being caught by the perpetrator (Owen, 2020). Furthermore, evidence suggests that IPV decreases when exposure to the perpetrator is reduced. This was observed in Bangladesh when physical and/or sexual IPV reduced by 3.5% when men from ultra-poor households were offered an interest-free loan to facilitate seasonal migration (Mobarak & Ramos, 2019). In contrast, an increase in IPV has been observed in crisis setting, including

refugee camps, where families are together (Falb et al., 2013; Horn, 2010; Wako et al., 2015).

2.8.3   Reduced Health and Social Service Availability

The global response to COVID-19 has exposed inherent weaknesses in the health care and social service systems. According to the WHO, data from five regions and 105 countries show that 90% of countries experienced disruption in health services (WHO, 2020c). Some of the most frequently disrupted areas include outreach services (70%), facility-based services (61%), family planning and contraception (68%), and treatment for mental health disorders (61%) (WHO, 2020c). For women experiencing abuse, health and social service providers are often a first point of contact for help. Health care providers can identify people experiencing violence and provide immediate intervention, connect them to social services, and review other services available to them (Evans et al., 2020). However, during pandemics, health care can be compromised as healthcare providers face new challenges and demands, including remote service provision modes, while managing IPV cases. Furthermore, support organizations such as shelters, crisis centers, hotlines, legal aid, and protective services may scale down or shift services due to reductions in funding, new priorities, etc. (North, 2020; WHO, 2020b).

Many health and social service providers have implemented strategies to mitigate service disruptions such as shifting to on-line (e.g., telephone conferencing, video conferencing or online chat) patient consultation and service delivery (Allen & Jaffray, 2020; Slakoff et al., 2020; WHO, 2020c). This shift can allow providers to continue to identify IPV and connect individuals to resources during their virtual appointments. However, individuals may not be comfortable in disclosing the abuse in a non-face-to-face interaction (Moreira & da Costa, 2020). Additionally, the lack of nonverbal cues, signs and symptoms may make it challenging for health care professionals to identify individuals experiencing IPV (Moreira & da Costa, 2020). Furthermore, service providers may not be able to reach women who do not have access to phones and computers or those who have theirs monitored or taken away by the abuser to limit their access to support (A. George & Harris, 2014). Even those with access to technological devices may not feel safe to disclose abuse while being isolated with the abuser.

2.8.4   Difficulty Accessing Protective Resources

Pandemics may also impact the legal system (e.g., law enforcement, courts, and legal aid), which can have consequences for women experiencing IPV. During pandemics, police officers may be hesitant to enter homes to conduct investigations for fear of contracting the disease (UNDP 2015). Furthermore, law enforcement may be advised to limit arrest and detainment in order to limit prisoner's exposure to the disease (ACLU 2002). Due to quarantine and social isolation coupled with closure of physical locations, these services may transition to online service delivery (Allen & Jaffray, 2020).

A Statistics Canada survey conducted between June 29 and July 13, 2020 asked about the impact of COVID-19 on the operations of victim services. Victim services include counselling, crisis services, protection services, court preparation and accompaniment, and other assistance to navigate the legal system (Allen & Jaffray, 2020). The survey found that 50% of respondents reported no change in number of victims served, 31% reported a decrease in the number of victims served, and 19% indicated an increase. When asked about serving victims of domestic violence (DV), 54% reported an increase, 29% indicated no change, and 17% reported a decrease. Furthermore, almost half (46%) reported a decline in the number of new clients during the early period of the COVID-19 pandemic. Most of the respondents attributed these changes to quarantine and isolation with the perpetrator, changes in the operation of other organizations that refer victims to services (e.g., police or health services), and changes related to the courts (Allen & Jaffray, 2020).

2.8.5   Response to IPV during COVID-19

Given the severe consequences of the COVID-19 pandemic on individuals, families, systems (health care, social service, and legal justice) and the wider community, researchers have suggested a number of different policy and program interventions to address IPV in this context. Recommendations for service providers include: updating written guidelines (e.g., DV protocols) for staff to provide consistent support for victims during the pandemic, use an intersectional approach to tailor support for victims with multiple marginalized identities, educate survivors on COVID-19 to ensure they are able

to recognize if misinformation about the virus is being used as a coercive control tactic, continue to offer support via online methods (e.g. mobile phones, computer, and internet), include safety plans for victims to receive support in a safe manner without the presence of the abuser (such as code words, and signals, quick escape features on organization website), consider technology facilitated abuse as abusers often hack or monitor the victim's phone or computer, share documents and resources widely with other service providers across the IPV sector, educate all people to recognize IPV and refer family or friends to formal support (Peterman et al., 2020b; Slakoff et al., 2020).

Since most organizations have shifted at least in part to online methods of communication and service delivery, it is suggested that service providers work closely with technologists (those who design and build technology products) to create safe online spaces for service users (Slakoff et al., 2020). Recommendations for technologists include: creating educational resources such as webinars or digital toolkits for service providers, advocates, and victims to learn more about safe online communication (e.g., using incognito mode – a setting that prevents browser history being recorded, apps that send pre-programmed text messages to a select group of people, and within-game chat features), creating shielded websites that offers live chat options and presents information about DV without leaving the page, and creating quick-escape buttons on organization websites to allow users to quickly exit a site (Slakoff et al., 2020).

Although educating service providers and victims to safely access support online is crucial, it does not address the economic challenges that many victims experience during lockdowns. Women from low resource settings may not have access to phones, computers, and the internet. Thus, Peterman and colleagues (2020) recommend that governments expand and reinforce social safety nets by maintaining both individual and household level benefits (such as paid sick leave and unemployment insurance) to allow survivors to maintain independence, control, and access to services – with particular attention paid on the delivery method to ensure those in controlling relationships (intimate terrorism) are able to access the benefits. They also recognize that spaces in shelters and safe houses may be reduced during pandemics as they become used for other purposes (such as the sick, homeless populations, those incarcerated, and other vulnerable

populations) and suggest expanding shelter and temporary housing for survivors. Additionally, they recommend expanding services to include additional benefits such as waiving application fees and move in costs, and increase funding for emergency shelters (Peterman et al., 2020).

Evidence suggests that 80% of individuals experiencing IPV disclose abuse to and seek support from their informal network (e.g., friends, family, co-workers, and neighbours) (Sagesse, 2020). For women, friends and female family members are the most utilized informal support and generally considered the most helpful and supportive (Sylaska & Edwards, 2014). Studies assessing the impact of social support on IPV have found substantial reduction in PTSD, depression, anxiety, and enhanced quality of life (Bosch & Bergen, 2006; Coker et al., 2003; Coker, Smith, et al., 2002). Furthermore, social support has also been found to decrease abuse (Beeble et al., 2009; Bybee & Sullivan, 2002). In contrast, a lack of social support can negatively impact survivors and lead to further abuse. For example, pressuring the victim to act in a certain way (such as to leave the perpetrator), blaming the victim, minimizing the abuse, giving advice, not understanding or taking the violence seriously have been associated with lower levels of mastery (e.g., victims' feeling in control of their lives), self-esteem, and higher reports of depressive symptoms, self-injury, suicidal thoughts, and self-blame (Bosch & Bergen, 2006; Edwards et al., 2012; Sylaska & Edwards, 2014b; Turell & Herrmann, 2008).

During quarantine and social isolation, women's access to informal support may be severely limited as their abuser can further isolate them. Researchers and DV organizations have suggested providing support for informal supporters to be able to recognize and respond to IPV during the COVID-19 pandemic. Slakoff and colleagues (2020) suggest (if possible) service providers to educate all people (either in person or virtually – webinars) on how to recognize, respond, and refer victims to formal services. Furthermore, Sagesse, a DV service provider, encourages informal networks to empathize with the person experiencing abuse, ask victims what they need and how they can be helped, and listen to what they want for support (Sagesse, 2020).

2.9   Changes in IPV during the COVID-19 pandemic

2.9.1   Prevalence of IPV during the pandemic

Emerging studies exploring the impact of the pandemic on IPV paint a troubling picture. A study conducted by Aguero (2021) examined the incidence of phone calls made to the domestic violence help line (Linea100) in Peru during the pandemic and found a rise of 48% in the number of calls made between April and July 2020. Rhodes and colleagues (2020) conducted a retrospective review of all emergency department patients that presented to an American hospital in South Carolina and found a substantial increase in IPV cases as a proportion of emergency room visits from March 16, 2020, to April 30, 2020. A study out of rural Bangladesh assessed women's experiences of IPV during the pandemic (Hamadani et al., 2020) and found that more than half of the women who had previously reported experiencing IPV faced an increase in incidents during the pandemic.

Some studies, however, reported no change in IPV (Jacob et al., 2020; Jetelina et al., 2021; Piquero et al., 2020). Jacob and colleagues (2020) examined data collected from the prospectively maintained Westmead Hospital Trauma Registry in Australia and reported no change in the number of IPV assaults. However, they stated that this may be inaccurate due to victims and survivors not being able to seek medical support during the pandemic. A cross-sectional study conducted by Jetelina and colleagues (2021) in the U.S. found 54% of respondents reporting no change in IPV victimization. Another study from the U.S. examined the extent to which a local order was associated with an increase in IPV (Piquero et al., 2020), reporting an initial increase in the two weeks after the lockdown was imposed, but a decrease thereafter.

Other studies reported a decrease in IPV during the pandemic (Gosangi et al., 2021; Halford et al., 2020). In a retrospective study, Gosangi et al., (2021) collected data from an academic medical center located in the northeastern U.S. and examined the incidence, patterns, and severity of IPV-related injuries during the pandemic and compared it to the previous three years. They reported that fewer IPV victims sought hospital care during the pandemic, but experienced higher incidence of lethal physical violence such as strangulation and weapon use. They indicated that their results may have been influenced

by victims not accessing hospital care due to lockdowns and fear of contracting the virus. Additionally, it is important to note that the sample size for this study was 62 IPV victim/survivors of. In another study from the UK. Halford and colleagues (2020) examined crime effects for one police force area and compared it to a five-year average. They found a decrease of 45% in IPV-related abuse. However, they suggested that social distancing may have increased the difficulty of reporting.

A study conducted by Walsh et al., (2021) analyzed experiences of IPV in a U.S. sample 214 of gay, bisexual, and other men who have sex with men. They found that the prevalence of IPV perpetration was 15.17%, with 34.4% of participants reporting new or more frequent IPV. Victimization prevalence was reported to be 14.9%, of which 46.9% was new or more frequent. Another U.S-based study assessed risks of IPV among gay, bisexual and other men who have sex with men found similar results (Stephenson et al. (2022)

2.9.2   Types of IPV during the pandemic

Various types of IPV, including physical, psychological, and sexual have been investigated during the pandemic. A study by Hamadani et al., (2020) examined changes in the rate of victimization and revealed that all types of IPV increased. In an interview and questionnaire study, Gebrewahd and colleagues (2020) reported that psychological violence was the most common type of violence (13.3%) followed by physical violence (8.3%). The results indicated that verbal IPV was more prevalent during the pandemic than before. Similar findings were reported by Iob et al., (2020), who found that psychological violence was significantly more common than physical violence (8.3% vs. 2.9%).

2.9.3   Risk factors for increased IPV during the pandemic

Several studies have linked job loss, unemployment, and low socioeconomic status (SES) with an increase in IPV during the pandemic. Seven studies (Bracewell et al., 2020; Davis et al., 2020; Gebrewahd et al., 2020; Iob et al., 2020; Jetelina et al., 2021; Payne et al., 2020; Aguero et al., 2021; Leslie & Wilson 2020) have reported a positive association between these factors and an increase in IPV. However, Leslie and Wilson (2020)

reported no relationship between SES and IPV prevalence during the pandemic. Women who were unemployed had a significantly higher rate of IPV compared to those who were employed (Iob et al., 2020). Jetelina et al., (2020) also found that IPV was more prevalent among victims and survivors who experienced job loss or income reduction during the pandemic than those whose income was not affected. Similarly, Davis et al., (2020) reported that individuals who lost their jobs due to the pandemic were 2.5 to 3 times more likely to experience IPV.

According to Iob et al. (2020), pre-existing mental health issues were frequently associated with an increase in IPV during the pandemic. When compared to victims and survivors without mental health issues, those with a mental health diagnosis were significantly more likely to experience psychological violence (15.9% vs. 6.5%) and physical abuse (5.7% vs 2.3%). Moreover, individuals with severe depressive symptoms were significantly more likely to experience psychological (26.5%) and physical (12%) abuse compared to those with mild symptoms. Those with anxiety were also significantly more likely to experience psychological (21.5%) and physical (9.1%) abuse compared to those with mild symptoms (5.7% and 1.6%) (Iob et al., 2020).

Furthermore, a relationship was observed between being diagnosed with COVID-19 and increased IPV risk. According to Iob et al., (2020), those who tested positive for COVID-19 had notably higher chances of undergoing psychological abuse (17.6%) and physical abuse (9%) compared to those who did not (8.3% and 2.9% respectively). In another study, Davis et al., (2020) found that individuals with a COVID-19 diagnosis were almost three times more likely to experience IPV.

Lastly, overcrowding and lack of physical space were associated with increased IPV. Iob et al., (2020) found a significantly higher rates of psychological abuse (14.4%) and physical abuse (9.1%) in overcrowded households compared to those with adequate spacing (8.1% and 2.7%). This is concerning as Pakenham and colleagues (2020) revealed that people, on average, did not have adequate space during the pandemic.

The findings from these studies, however, does not provide contextual information explaining how and why the various risk factors led to an increase in IPV during the

pandemic. In essence, they portray IPV as being caused by situational stressors such as overcrowding or being diagnosed with COVID-19. While certain situations can cause situational aggression, they do not cause IPV. It is likely that the pandemic worsened existing patterns of IPV (e.g., intimate terrorism), with more triggers for perpetration and fewer options for survivors and victims.

2.10 Overview of Public Policy Development in Canada

Traditionally, the term "policy" has been understood as a government document, with written mandates, that is intended to influence and change public or private matters (Ball, 2005). However, policy is not simply a thing (e.g., document) with specific intended outcomes, instead policy is a process (Ball, 2005; Rizvi & Lingard, 2009). Rizvi and Lingard (2009) state, "a policy can be viewed as a process involved in the actual production of an actual text, once the policy issue has been put on the political agenda. Policy process thus includes agenda setting, as well as work on the production of policy texts. They also refer to implementation process which are never straightforward, and sometimes also to the evaluation of policy" (p. 4-5). In other words, policy includes the interactions of those involved and how they make sense of their experiences related to it.

In Canada, the *Constitution Act of 1867* allocated different powers to each level of the government. The federal government's legislative powers include: taxes, national defence, criminal law, employment insurance, postal service, census, copyrights, trade and commerce, external relations, money and banking, transportation, citizenship, Aboriginal peoples in Canada, and fisheries (Marshall & Cashaback, 2001). The provincial government's legislative powers include: property and civil rights, natural resources, environment, education, health, welfare, direct taxation in the province, prisons (except penitentiaries), charitable institutions, hospitals, municipal institutions, local works, incorporation of provincial companies, solemnization of marriage, property and civil rights in the province, creation of courts and the administration of justice, and fines and penalties for breaking provincial laws (Marshall & Cashaback, 2001). The municipal government's legislative powers include: water, sewage, waste collection, public transit, land use planning, libraries, emergency services, animal control, and economic development (Marshall & Cashaback, 2001). Public health, however, falls

within the jurisdiction of all three layers of the government. The federal government is responsible for setting and administering the health care system under the *Canada Health Act*; as well as providing financial support to the provinces and territories and funding and delivering health to certain groups such as First Nations people on reserves, Inuit, serving members of the Canadian Forces and inmates in federal prisons (Health Canada, 2011). The provincial and municipal government are responsible for administering the health plans, services provided by health professionals and planning and funding hospitals (Health Canada, 2011).

There are three branches of government, the executive, legislative, and judicial, and each serves a unique purpose within the policy process. The executive branch constitutes the prime minister, the cabinet, and public service. The prime minister (or premier in provinces) is the leader of the political party in power and sets the overall agenda for the government (Marshall & Cashaback, 2001). The cabinet, which consists of ministers, are chosen by the prime minister and appointed by the Governor General. At the provincial level, cabinet includes the premier and selected members of the legislative assembly. Each member of the cabinet is responsible for specific portfolios such as education, employment, and economic development. Each member focuses on developing public policies related to the mandates of their departments. Additionally, the cabinet has the sole power to introduce bills related to spending public money and taxation and are responsible for government administration and the establishment of government policy. The public service is the largest component of the branch and consists of deputy ministers, senior officials, professionals, and staff whose direction comes from the government and legislation. The officials within this component are mainly responsible for studying and proposing policy initiatives, providing recommendations, and sometimes initiating policy development for decision-makers.

The second and third branches of the federal government are the legislature (Senate and the House of Commons) and the judiciary, respectively. The House of Commons is the law-making body of the federal government. Each member of parliament (MP) is elected to represent a different riding across Canada and take on roles such as minister, member of the cabinet, member of cabinet committee, or member of parliamentary committee.

The judiciary (courts), interpret and establish law, and resolve disputes between individuals or between individuals and the state.

Each branch of the government plays an important role in policy development. At the executive level, the public service (public servants) initiates policy ideas, anticipate trends, and provide recommendations to the decision maker (ministers and deputy ministers). The deputy minister is the top public service official within a ministry and is the connecting point between policy and implementation. The prime minister works through the Privy Council Office (PCO) to set the direction of policy. The PCO is largely made up of various and current ministers and is the main body that provides support to the prime minister and the cabinet on developing and coordinating policy matters for the entire government. The cabinet is the primary decision-making body. When a minister has a policy idea or proposal, they bring it to the cabinet for approval. Once a policy proposal is approved, it is then sent to the cabinet committee for it to be debated and examined. After receiving cabinet approval, the proposal is sent to the prime minister for a final approval. The legislature, on the other hand, does not engage in policy development (Marshall & Cashaback, 2001). However, they vote on proposed bills/legislation and play a key role in influencing policies that demand the government to address certain social problems, such as racism and poverty (Marshall & Cashaback, 2001).

2.10.1.1   Identifying Public Policy Issues and Political Agenda-Setting

The process of policy development begins with the identification of a public policy issue. Because there are many issues perceived as a problem in our society, it can be difficult for decision makers to sort out which issues to tackle. There are a number of key players outside of the government that can influence public policy development. Primarily, individuals can bring forth issues to public officials and encourage others to join them in the pursuit. Individual advocates can express their view and show support for or against a policy. Politicians are held accountable – through voting – by individual citizens for governmental policies that impact them. Furthermore, by encouraging the involvement of others, individuals can form interest groups. Interest groups act as a buffer between the individual and the state. Interest groups initiate many demands for changes in policy, and

they play a significant role in persistently "massaging" ministers and officials to promote manageable change favourable to their interests. The primary tactic used by interest groups is lobbying – pressuring politicians directly and indirectly (e.g., via media). Finally, as reviewed below, mass media, such as television, radio, and newspaper, can have enormous influence on public attitude and the stance that the government takes on social issues. Media's interpretation and representation of social and political issues often shapes how they are understood by the public and government and whether or not policies are developed and supported to tackle such issues (Howlett & Ramesh, 1995).

Furthermore, only issues that are perceived to be of broad public relevance – affecting a large group of people – tend to warrant government intervention (Siu, 2020). Hence it is no surprise that the issue of IPV did not receive governmental response until approximately 30 years ago as it was considered to be a private matter (Dawson, 2001; Montalvo-Liendo, 2009; Richie, 2005). Within the Canadian government, the Planning and Priorities Board – consisting of ministers who chair the cabinet committee – distills items/issues submitted by the departments and sorts and ranks them from highest to lowest in terms of priority, then forwards them to the cabinet to review (Siu, 2020). Once the cabinet reviews the issues presented to them, they decide whether or not to incorporate them into the political agenda (Siu, 2020). Ministers are then given Mandate Letters that outline their priorities for that government session.

2.10.1.2 The Role of Advocates in Policy Processes

Advocates offer direct social services, promote awareness, improve understanding and connect survivors of IPV to other community resources. Often working in non-profit community-based organizations, advocates hold a number of different roles including management (e.g., executive directors), administrative services to survivors (e.g., social workers, counsellors), or public education and awareness (e.g., event planning teams, political lobbying) (Houston et al., 2015; Schmid et al., 2008). One of the skills that non-profit organizations bring to communities is advocacy. Non-profit organizations enable individuals and groups to advocate for social change, justice, and improved public policy (Salamon et al., 2000).

Furthermore, non-profit organizations often interact with various community sectors and contexts. They work directly with victims of IPV individually and learn from their experiences, they speak with the community through public education and outreach, and use media platforms (including news media) to gather and share information with the broader public (including policymakers) (Trickett, 2009). Advocates' unique interactions with individuals at multi-contextual levels gives them the opportunity to gain greater knowledge of IPV, increase understanding of attitudes toward IPV, and have the space and ability to counteract misinformation presented. However, it is worth noting that advocates can be susceptible to misinformation and to perpetuating stereotypes about victims of IPV through sensationalized narratives (e.g., like those in the news media) instead of accurate portrayals and statistics, which can potentially impact how the general public and policy actors understand the issue (Baker, 2013; Mielke, 2015).

2.10.1.3 Media Advocacy

One way that non-profit organizations can advocate for policy change is through media advocacy. Media advocacy is the strategic use of the media to promote social or public policies (Wallack, 1994). Media advocacy can be a strategic tool in framing or reframing social issues and shape discussions to increase public support and advance policies (Wallack, 1994). Wallack (1994) lists three steps for how non-profit organizations can use media advocacy: 1) establish what the organization's policy goal is – e.g., what does the organization want to happen? 2) decide who the target is and determine whether they (individual, group, or organization) have the power to make the intended change, and 3) construct an overall media advocacy plan for delivering the message and creating pressure for change (Wallack, 1994).

The three roles above aligns with Lippmann's (1922) classic image of the mass media. Lippman states that the first step in media advocacy is to bring an issue to the limelight by placing media attention on it. This is the process of agenda setting. Extensive evidence suggests that the media agenda determines the public agenda (discussed in more detail in the next section) (Dearing & Rogers, 1992; McCombs & Shaw, 1972; Rogers & Dearing, 1988). Lippman goes on to state that media advocacy will hold the spotlight on the "cause" of the issue in focus. This is the process of framing. The way that social issues

are framed in the media influence perception of who/what holds the responsibility addressing the issue (Iyengar, 1994). Lastly, Lippman writes that media advocacy seeks to create social or public support/initiative as an approach to resolving the problem (Wallack, 1994).

2.10.1.4   The News Media's Impact on Policy Development

As a provider of information, the news media plays a significant role in political agenda-setting. The news media can influence politicians and the policy development process in a number of ways. First, most politicians consume news for several hours a day because they see it as a proxy for public sentiment (Van Aelst, 2014). Second, they often learn about social issues through the news media, which can affect their attitudes and behavior (Van Aelst, 2014). Third, often when data on public opinion (e.g., through government or other polling) is lacking, politicians turn to the media as an alternative source to compensate for the missing information on public opinion. Information generated by the media can be extrapolated to public opinion on issues and possible views on solutions (Protess et al., 1991). Fourth, being seen as receptive to public opinion and public satisfaction is crucial for re-election (Cook, 2010; Pritchard, 1992). However, even if politicians do not consider the news media to reflect the public agenda or opinion, they may still take the media into account because of the news media's influence on public opinion. Research has shown that politicians believe the media had a substantial influence on the attitudes and preferences of members of the public (van Aelst et al., 2008). Schudson (1995) suggests that direct influence of the mass media might not be as powerful as the perception of politicians that the mass media have a significant impact on public opinion (Schudson, 1995). Gunther & Storey (2003) labeled this indirect effect "the influence of presumed influence": because you perceive the media to influence the behavior of others you will react to that perception. Due to this phenomenon, the news media's influence becomes a self-fulfilling prophecy where the politicians believe the media matters and hence act accordingly. A study by Cohen and colleagues (2008), among Members of the Knesset in Israel, found that perceived media influence on the public had not only an impact on their efforts to be represented in the media but also on their parliamentary activities (J. Cohen et al., 2008).

Alternatively, politicians may also take the media's representation into account because it reflects the agenda and interpretation of other politicians. The policy process can involve multiple actors varying from ministers, individuals, and special interest groups. The negotiating and deliberating process takes place in parliament and private spaces, however, the search for support might enforce political actors to use media to spread their message and to convince their colleagues (Kernell, 2006). The public then becomes involved in the process that might have not been the main issue or target of public concern (Herbst, 1998). Heffernan (2006) for instance has shown how Tony Blair, the prime minister of UK, utilized the media before the Iraq War, not only to gain public support but also the support of MPs of his own party. Politicians from opposing parties also actively use the media in the policy making process to put pressure on the government (Kedrowski, 1996). In essence, politicians and government officials consume the media because it contains information on the agenda of other politicians and bureaucrats (Brown 2010; Sellers, 2009).

Politicians may also use the media to gather and process information. Jones and Baumgartner (2005) define information processing as the "collecting, assembling, interpreting, and prioritizing of signals from the environment" (Jones & Baumgartner, 2005, p. 7). The media contain policy relevant information and political journalists interact with politicians of all parties taking traces of strategic information with them which can be of substantial value. Journalists are considered experts as they have specialized in certain topics and may have been around longer than some politicians. However, the media is not the sole source of information for politicians. Politicians and journalists both respond to external events and information (Jones & Wolfe, 2007). Besides providing information, the media also plays a role in reducing the vast information-processing tasks facing policymakers (Cobb & Elder, 1981). Kingdon (1984) showed how members of the US Congress dealing with an oversupply of information turn to the media to know what really matters.

The media's influence is high in the agenda-setting stage of policy development due to its ability to focus attention on certain issues (Baumgartner & Jones, 2010; Esser & Pfetsch, 2004). Journalists do not actually initiate new issues, but rather they play a role in

strengthening and structuring the initiatives taken by political actors (Reich, 2006; Wolfsfeld & Sheafer, 2006). The positive side to this is that issues that are high on the media agenda can obtain a more prominent position on the political agenda. However, filtering and selecting issues based on media's agenda can lead to important issues taking a backseat on political agendas. Brants and van Praag (1999) concluded on the basis of their campaign study: "The agenda-setting power of journalists seems to lie more in denying access and in forcing politicians to react on issues than in actually initiating them" (p.199). This effect was labeled "agenda-constraining" by Walgrave and colleagues (2010) and is closely related to the well-known gatekeeping concept Shoemaker (1991) in communication science: only a part of the many issue messages generated by political actors passes the media gates and receives news coverage.

The framing of issues in the media can influence the direction of policy by pulling values or emotions into discussion. A frame is ''a central organizing idea for making sense of relevant events and suggesting what is at issue'' (Gamson & Modigliani, 1989, p. 157). The effectiveness of frames is found in their ability to make certain representations more relevant, thereby increasing the chances that certain interpretations will be evoked. Frames exist in the properties of news narratives, thus encouraging certain interpretations and understandings of issues. The repetitiveness with which these frames are presented to the public then shapes their views on them (Sieff, 2003). The more commonly an issue is framed in a specific way, the more likely it is for people to adopt the media's frame for it. For example, Sieff (2003) observed the negative frames that tend to saturate media coverage of mental illness and argued that these negative frames creates stigma around mental illness, especially among people who do not have direct experience with mental illness and as a substitute rely on media portrayal to form their views.

In addition, the framing of health issues that become legal issues can also have an impact on policy. Frames can shape how individuals attribute responsibility for a problem. For example, frames can determine if the public believes IPV is an individual issue where the parties involved need to resolve them or if it is a societal issue that requires a community-wide effort to alleviate (Iyengar & Simon, 1993). Wakefield, Smith, and Chapman (2005), in their review of news coverage of a second-hand smoke injury, argued that legal

cases framed in a personalized way are much more powerful than epidemiological or scientific frames (Wakefield et al., 2005). Issues in the news can be framed in the context of episodic and thematic frames. An episodic framing tends to focus on the individuals and individual-level explanations, whereas thematic framing focuses on society's role and social explanation in addition to the individual (Iyengar, 1994). Examples of individual explanations are those that focus on the personality, disposition, or motivational states of the people involved, whereas social explanations are those that focus on circumstances and situational forces (Sotirovic, 2003). Types of framing influences perception of public health issues and can affect the type of attributions the public makes regarding them (Sotirovic, 2003). Dorfman et al. (1997) analyzed youth and violence on news media and found that episodic framing was used five times more frequently than thematic framing (Dorfman et al., 1997). The authors cautioned that if ''news continues to report on violence primarily through crime stories isolated from their social context, the chance for widespread support for public health solutions to violence will be diminished'' (p. 1311).

2.11 The News Media's Portrayal of IPV

Research exploring the news media's framing of IPV have found that it is often framed as episodic, rather than as a wider societal problem (Bullock, 2007; Carlyle et al., 2008b; Fairbairn & Dawson, 2013; Jewkes, 2002a). Studies have found that stories of IPV are not always labeled as IPV (Bullock & Cubert, 2002a; R. Taylor, 2009a), and when they are they are likely to blame the victim for the abuse, exonerate the perpetrator, or place the blame on weapons, drugs and mental health (Carlyle et al., 2008a, 2014a; Richards et al., 2011b). As a result of this episodic framing of IPV, links between IPV and societal and cultural factors remain invisible (Bullock, 2007; Bullock & Cubert, 2002a; Carll, 2003; Carlyle et al., 2008a; Lamb, 1991).

There are four particular episodic frames that are associated with IPV in the news media: 1) victim blaming or excusing the perpetrator (e.g., infidelity, alcohol use, etc.); 2) normalizing the event as commonplace (e.g., just another crime); 3) IPV as an isolated event; and 4) perpetrators as disordered and easily identifiable (e.g., mentally unstable, or suicidal) (Gillespie et al., 2013b). The first frame focuses on the behaviour of the victim

or perpetrator prior to the incident and places the responsibility on the individual. Gillespie and colleagues (2014) examined 299 newspaper articles on DV homicides published in North Carolina between 2002 and 2007. They found that 7% of the articles either blamed the victim directly (e.g., pointed out their irrelevant past behaviour) or indirectly by minimizing the perpetrator's actions (Gillespie et al., 2013b). Another study by Bullock and Cubert (2002) examined the newspaper coverage of IPV in Washington State and found that 47.8% of news articles suggested at least one excuse for the perpetrator and 17% blamed the victim for her/his death. Yet, another study by Richards and colleagues (2011) analyzed 995 newspaper articles in the state of North Carolina from 2002 to 2007 and found 11% of the news reports directly blamed the victim for the abuse. They reported that 69.5% of news reports blamed the incident on infidelity committed by the perpetrator, while 17.4% blamed it on infidelity committed by the victim (Richards et al., 2011). Additionally, 18% blamed it on drug use by the perpetrator (Richards et al., 2011). Similar results were reported by Carlyle et al (2008). They found that 6.9% of articles blamed IPV on victim infidelity, 4.6% blamed it on perpetrator infidelity, and 4.9% blamed it on alcohol (Carlyle et al., 2008). In a Canadian study, Fairbairn and Dawson (2013), analyzed news coverage of IPV homicides in the *Toronto Star,* The *Toronto Sun,* and the *Globe and Mail* published between 1975-1979 and 1998-2002. They found that the victim-blaming framing of IPV decreased from 29% during 1975-1979 to 14% during 1998-2002. However, due to a small sample size and limited geographical coverage (mainly Toronto), it is unclear if this decrease was experienced nationwide.

The second frame normalizes IPV as commonplace. In their study, Gillespie et al. (2013) found that 75% of the articles used a frame that normalized the event as commonplace by characterizing the event as just another violent crime. For example, according to Meyers (1997), many journalists view domestic violence as so common that even when it results in murder it is often not considered to be significant enough to merit media attention. She contends that "women who . . . are battered, raped, or even murdered appear to be journalistically unimportant unless they are white and middle class—or if they can serve as a warning to other women" (p. 98).

The third frame suggests that the incident was an isolated event or one-time occurrence. In their study, Gillespie et al (2013) reported that 8% of the news articles framed IPV as an isolated event and did not make any mention of the likely history of abuse between the partners. In the study by Bullock and Cubert (2002), it was reported that only 22.6% of articles mentioned past problems in the relationship, indicating that the abuse was an isolated event (Bullock & Cubert, 2002b). A study by Maxwell and colleagues (2000) analyzed IPV news published in two highly circulated publications (*Philadelphia Daily News and New York Times*) between January 1990 and August 1997 and found that most articles framed IPV as episodic by blaming the victim and ignoring social factors (Maxwell et al., 2000). Similar results have been found in Canada as well. Lee and Wong (2020), examined articles published in the *Vancouver Sun* newspaper between January 1, 2004 and December 31, 2015 and found that most reports portrayed IPV as isolated events (C. Lee & Wong, 2020).

The fourth frame implies that perpetrators of IPV are discorded (e.g. mentally unstable, suicidal, etc.) (Gillespie et al., 2013b). In their study, Gillespie et al (2014) found that 7% of the news articles they examined used this frame when reporting on IPV. In the study by Richards et al. (2011), it was found that 49% of the articles quoted sources (e.g. defence attorney) that used mental health (particularly suicide) as an excuse for perpetration (Bullock & Cubert, 2002). In the study by Carlyle et al (2008), it was reported that 3.7% of reports blamed IPV on stress and 3.4% blamed it on emotional duress.

2.11.1   The News Media's Source of Information and Why it is Problematic

Research suggests that the news media often uses sources such as the police, jurors, judges, court records, defense lawyers, medical examiners, and other officers of the court as their main sources of information on IPV cases (Chermack et al., 2001; Chermak, 1995; Ericson, 1989; Fishman, 1981; Surette, 2007). These legal system sources are referred to as "authorized knowers", meaning that they are given ownership over framing and explaining why the crime occurred (Richards et al., 2011a; Surette, 2007). This is problematic because the perspectives of individuals from these sources often conflict

with social service agencies, advocates, and academics as they tend to offer overly simplistic descriptions that are episodic (e.g., victim blaming) (R. Taylor, 2009). In their study, Richards and colleagues (2011) found that 57% of news articles used such sources when reporting on an IPV case while only 6% used advocates or shelter workers. In a Canadian study, Fairbairn and Dawson (2013) found that 46% of the sources cited in the news reports were the police, while the voices of advocates, service providers, and researchers were not found in any of the news articles.

2.11.2   The Dangers of Episodic Framing

Intimate partner violence is a complex social problem that requires societal responses. By framing IPV as simplistic, individual issue, the news media skews the public's perception of IPV as being just that – an individual problem that the individual(s) involved must address on their own. Studies examining individual's perception of IPV reflects the news media's portrayal of the issue. For example, in a telephone survey of 200 randomly selected adults from six communities in New York found that most people did not view IPV as a societal problem (Worden & Carlson, 2005). Another study by (C. A. Taylor & Sorenson, 2005), found that people reported that the responsibility of finding a solution should fall on the victim alone (31%) or both individuals involved (52%).

The news media's episodic framing of IPV is problematic for many reasons. First, the news media's coverage of IPV can perpetuate past ideologies – that men should dominate women (Meyers, 1994). Second, by portraying IPV as a private matter, the public may distance themselves from the issue and become more hesitant to respond (Carll, 2003; Kozol, 1995; Maxwell et al., 2000b). Studies have found that feelings of personal responsibility to be a key indicator of participation in helping behaviour (Banyard, 2008; Banyard & Moynihan, 2011; Chaurand & Brauer, 2008). Furthermore, according to Garcia (2004), the lack of social responsibility is directly linked to the rate of IPV. Third, by portraying IPV as isolated cases of deviant behaviour, the public's interpretation might be that little can be done (Carlyle et al., 2008b). Fourth, individuals exposed to episodic framing are less likely to hold public officials accountable (Iyengar, 1994). Fifth, episodic framing can increase victim-blaming attitudes, which can discourage victims from seeking support and uphold stereotypes (Maxwell et al., 2000b; Meyers,

1996). Sixth, the news media's episodic framing can impact policy responses (Carlyle et al., 2008a, 2014a; Gillespie et al., 2013a; Lancaster et al., 2011; Maxwell et al., 2000a; Palazzolo & Roberto, 2011).

2.11.3 How the News Media Can Help

As one of the primary sources of public information, people learn about social issues such as IPV through the news media. As such, the news media plays an important role in educating the public and policymakers about IPV (Gillespie et al., 2013b). Furthermore, because politicians and bureaucrats learn about social issues through the new media, the framing and portrayal of IPV can impact support for funding, safe houses, legal sanctions for perpetrators, protection for victims, and so forth (Carlyle et al., 2008a, 2014a; Gillespie et al., 2013a; Lancaster et al., 2011; Maxwell et al., 2000a; Palazzolo & Roberto, 2011). However, because the news media usually describes IPV as episodic, with victim-blaming and perpetrator exoneration as key framings, both the public and policymakers generally consider it as a private rather than a public matter. As stated previously, issues that are not deemed as public are highly unlikely to be included in policy agenda-setting.

Studies that have examined the framing of IPV in the news media have found that they rarely provide the contextual factors of the incidents. For example, the study conducted by Bullock and Cubert (2002), found that only 10% of news articles placed IPV in broader context. Similar results have been reported by other researchers. For example, Richards et al (2013) found that only 13.7% of news reports discussed domestic femicides/homicides in the context of IPV as a social problem.

By providing contextual information, the news media can increase clarity of IPV (e.g., prevalence, risk factors, consequences, severity, and patterns of IPV), and increase emotional responsiveness (Banyard, 2008). A study by Carlyle and colleagues (2014) examined the influence of contextual information in a news article and its impact on readers. The study recruited 309 students from undergraduate communication courses from a large public university in the United States. Students were randomly provided with eight statements about IPV incidents: two statements to increase attributions of

perpetrator responsibility, two statements to decrease attribution of perpetrator responsibility, two statements to increase attribution of victim responsibility, and two statements to decrease attributions of victim responsibility. Carlyle and colleagues (2014) found that students exposed to the contextual information that attributes responsibility to victims were less sympathetic towards the victim and those exposed to contextual information that attribute responsibility to perpetrators were more sympathetic towards the victim. Further, sympathy and affective perspective taking were positively correlated. Sequentially, affective perspective taking was positively correlated with participants' intentions to participate in protective actions to help victims of IPV, support of public health initiatives, and inclination for seeking prosocial information. Similar findings were also reported by (Palazzolo & Roberto, 2011).

Furthermore, the news media can help both the public and policymakers better understand the issue of IPV as a social problem by incorporating the voices of those with educated opinions and background in the problem, such as advocates or academic researchers (Bullock & Cubert, 2002; Byerly, 1994; R. Taylor, 2009). Some claim that news reporters exclude opinions from these sources for fear of bias (Richards et al., 2011). However, excluding opinions from these sources can further perpetuate stereotypes and misconceptions associated with IPV. Sources with informed expertise of various kinds of IPV can provide the information necessary to understand the context of the issue.

Given this potential impact and the complex nature of IPV, presentation of accurate information by the news media, including clearly defining the incident as IPV, providing contextual factors related to the incidence and severity of IPV, and allowing different voices to be heard are crucial for increasing public support and responsiveness to this public health issue (Bullock & Cubert, 2002; Carlyle et al., 2008; Gillespie et al., 2013; Kozol, 1995). By presenting more accurate and complete portrayal of IPV, news media outlets have the potential to promote increased public support and involvement in prevention efforts and other prosocial helping behaviour (Carlyle et al., 2014).

With an expected spike in the rate of IPV during the COVID-19 pandemic, more demand will be placed on health and social services to alleviate its consequences on women. However, due to the restrictions placed in order to contain the virus and other unintended economic consequences – quarantine and social isolation, reduced service availability, loss of employment, reduced childcare, and fear of contracting the virus, women are unable to access essential services to minimize or escape abuse (WHO, 2020a). Thus, government intervention is urgently needed to address this social issue. Given the news media's impact on politicians, it can place political pressure on the government to respond. Furthermore, because the rates and severity of IPV are increasing substantially during the pandemic, it is critical for news media outlets (now more than ever) to provide contextual information to the public and politicians to not only educate them on the complex nature of IPV to promote prosocial personal, public and policy responses, but to also prevent misplacing blame on the pandemic rather than the root causes of the issue such as culture, patriarchy, and gender-norms.

Although it is known that the news media plays a significant role in raising awareness around social issues and placing pressure on public officials to respond to them, it is unknown how, and/or if the news media's framing of IPV is reflected in policies developed and implemented. However, because policy development is currently evolving in real time during the pandemic, interviews with those involved in policy discussions are more appropriate.

Chapter 3

3   Methodology

In this chapter, I begin by outlining my theoretical perspective for this study. Next, I describe the methodology and methods for both phases of the study. For phase one (media analysis), I utilized Content Analysis (CA) to analyze media framing of IPV across major Canadian news sources. First, I provide an overview of what CA entails and then proceed with an explanation of how I applied it to answer question one of the study. Next, I describe the methods I applied to conduct news article searches in various databases, sample selection, steps taken for data extraction, and approach to media content analysis. Next, I describe the methodology and methods for phase two of the study (interviews). I start by describing the methodology I utilized (qualitative descriptive) and methods to explore how advocates and policy actors responded to IPV during the COVID-19 pandemic and how (or if) news media's framing of IPV impacted their work. I end the chapter by discussing ethical considerations for the study.

3.1   Theoretical perspective

IPV against women is a complex problem that requires a multi-faceted theoretical framework to locate its cause. Intersectional feminism is a complex theory that provides the theoretical and methodological tools to identify the causes of IPV against women and to address it. Intersectionality refers to "the interaction between gender, race, and other categories of difference in individual lives, social practices, institutional arrangements, and cultural ideologies and the outcomes of these interactions in terms of power" (Davis, 2008:68)). Intersectional feminism derived out of the dual marginalization of race and gender of black women in the United States. Kimberle Crenshaw (1989), known as the founder of the theory, developed it when reading the case of Emma DeGraffenreid, who sued a manufacturing company for not employing her on the basis of her race and gender. Emma's narrative demonstrated that Black women in the United States faced different marginalization and oppression than did White women. The manufacturing company believed that they were not racist because they had Black employees, and not sexist because they had female employees. Thus, the company claimed that it was neither racist

nor sexist. Emma's narrative demonstrates the shortcoming of mainstream feminism to capture her reality – marginalization and oppression on the basis of her dual identity of being Black and a woman. Emma was left without a political identity as she could not use feminism nor antiracism to legitimize her claim. Mainstream feminism at the time did not possess the analytic capacity to legitimize her social position. Crenshaw, upon hearing Emma's story, discovered that there was no language or paradigmatic framework in feminism to explain her reality. Through this insight, she developed intersectionality to explain how and why women, on the basis of their multiple social identities, can experience different levels of marginalization (Crenshaw, 1989). Since that time other social characteristics have been included that challenge the often-static notion of identity, including sexual orientation, socio-economic status, disability and citizenship.

Intersectionality stresses the need to understand health and social issues (such as IPV) from the social locations of individuals. Social location is a concept that refers to the relative privilege and oppression that each individual experiences on the basis of specific identity structures such as gender, race, ethnicity, social class, sexual orientation, and ability (Hulko, 2009). In other words, individuals, and groups at certain social locations who share some common aspects of identity (e.g., male), may be more privileged than those who also have other social locations (e.g., Black, female, and non-heterosexual). Within a patriarchal culture, individuals from social locations that are further from what is deemed "normal" or "hegemonic masculine" are more likely to experience more systemic oppression and structural violence (Wunker, 2016). Structural violence can be defined as "the avoidable limitations that society places on groups of people that constrain them from meeting their basic needs and achieving the quality of life that would otherwise be possible" (B. X. Lee, 2019:123).

Viewing IPV from an intersectional lens demonstrates how systems and social structures have privileged some women and marginalized others. For example, while organizations have been established to address IPV, not all women have access to them due to their social locations (such as race and sexuality, among others) (Alnas-Smiley et al., 2020; Cannon et al., 2015). Furthermore, policy interventions have traditionally been developed without accounting for the intersecting factors that shape the lived realities of women,

thus failing to understand the needs and help-seeking patterns of affected women (Lockhart & Danis, 2010; Oxman-Martinez et al., 2002). Because the pandemic has had different impacts on different groups of women, scholars have stressed and encouraged policymakers to develop policies that are based on intersectionality (Barbosa et al., 2020; Bowleg, 2020; Eaves & Al-Hindi, 2020; Lokot & Avakyan, 2020; Ryan & El Ayadi, 2020; Theidon, 2020). Therefore, this study explores if and how policy discussions are addressing the different needs of women at various social locations experiencing IPV during the COVID-19 pandemic.

3.2   Methodology: Media Content Analysis

Content analysis (CA) is a research methodology used to analyze the content of various forms of communication, such as written texts, audio or visual recordings, and social media posts (Krippendorff, 2019). It is commonly used in the social sciences and humanities to study a wide range of phenomena, including communication, media, literature, and culture. The goal of content analysis is to systematically identify and quantify patterns, themes, and messages within the data in order to gain insight into the attitudes, behaviours, or values of the individuals or groups who produced the communication (Krippendorff, 2019; Neuendorf, 2016; Weber, 1990).

There are several types of content analysis, including quantitative and qualitative methods, all sharing the central feature of systematically categorizing textual data to make sense of it (Miles & Huberman, 1994). They differ, however, in the ways they generate categories and apply them to the data, and how they analyze the resulting data. In quantitative CA, data are categorized using predetermined categories that are generated from a source other than the data to be analyzed, applied automatically through an algorithmic search process (rather than reading through the data), and analyzed solely quantitatively (Morgan, 1993; Neuendorf, 2016).

In qualitative CA, data are organized using categories that are generated, at least in part, inductively (derived from the data), and in most cases applied to the data through close reading (Krippendorff, 2019; Morgan, 1993). For some authors, qualitative CA always entails counting words or categories (or analyzing them statistically if there is sufficient

sample size) to detect patterns in the data, then analyzing those patterns to understand what they mean (Morgan, 1993; Sandelowski, 2000). Qualitative CA is defined more broadly by some researchers to also include techniques in which the data are analyzed solely qualitatively, without the use of counting or statistical techniques (Hsieh & Shannon, 2005; Mayring, 2000; Patton, 2002).

Using both qualitative and quantitative methods in CA is preferred, as both techniques allow for thorough investigation of different, but complementary levels of analysis (Weber, 1990). For example, while quantitative methods provide information on frequency of content, qualitative analysis provides a platform for more theoretical analysis, allowing for a more well-rounded analysis of the dataset. Moreover, qualitative CA allows content to be examined beyond its face value, allowing between the-lines readings of the text to be a fruitful component of the analytic process (Krippendorff, 2019)

However, CA also has some limitations, which I addressed in this project. One of the main challenges of CA is the potential for subjective interpretation of the data by the coders/analysts. Despite efforts to develop reliable and valid coding schemes, there is always a degree of subjectivity involved in the interpretation of text-based data. Different researchers may develop different coding categories or criteria, which can lead to different results. To mitigate this, a team of researchers (NW, SK, and FW) read through the categories and provided feedback. Additionally, content analysis is often limited by the quality and quantity of the data that is available. If the data is incomplete, biased, or not representative of the population being studied, then the results of the analysis may be less reliable. This study established a large database based on 366 articles over a 19 months time period.

Despite these limitations, CA has numerous applications in research and practice. For example, content analysis has been used to analyze media representations of race, gender, and sexuality, to identify patterns of political communication and propaganda, and to evaluate the effectiveness of public health campaigns (Krippendorff, 2019).

This study undertakes qualitative CA with a mixed methods approach (qualitative analysis with some, non-statistical, quantitative summarizing of the data) to examine major Canadian news media's framing of IPV during the COVID-19 pandemic. A qualitative approach is well suited for this study because no previous studies have explored the news media's portrayal of IPV during a pandemic – from which predetermined categories can be selected and applied (Lauri & Kyngas, 2005). Additionally, I selected qualitative CA because it allowed me to identify themes and categories from the data, rather than imposing preconceived categories (Krippendorff, 2019).

3.3   Methods

3.3.1   Sampling

Data were collected from online newspaper articles that were published between March 11, 2020 and September 30, 2021. This date range was selected because COVID-19 was declared as a pandemic in Canada on March 11, 2020, thus being a 'critical moment'. Additionally, this date range allowed me to capture all IPV-related articles that were published from the beginning of the pandemic. The sample included two national papers (the *Globe and Mail,* the *National Post*), three online sources (*CBC News, Global News*, and *CTV News*), and 10 local newspapers, one from each province: *Toronto Star* (Ontario), the *Vancouver Sun* (British Columbia), *Calgary Herald* (Alberta), *Winnipeg Free Press* (Manitoba) the *Chronicle Herald* (Nova Scotia), the *StarPhoenix* (Saskatchewan), the *Telegram* (Newfoundland & Labrador), the *Telegraph-Journal* (New Brunswick), *The Guardian* (Prince Edward Island), and the *Montreal Gazette* (English) (Quebec) – French only publications are not included. Articles will not be collected from the three territories: Yukon, Northwest Territories, and Nunavut as they do not produce daily newspapers.

One of the limitations of data collection in conducting media analysis is that media databases do not cover all major newspapers, and thus requires data to be collected from different databases. In February of 2020, I consulted with a professional librarian to develop search strings for four databases: Factiva, Press Reader, Nexis Uni, and Google

(site function). The searches for The Globe and Mail, The National Post, Toronto Star, Vancouver Sun, Calgary Herald, Winnipeg Free Press, The StarPhoenix, and Montreal Gazette were conducted in Factiva. The searches for The Chronicle Herald, The Telegram, and The Guardian were conducted in the Press Reader. The searches for CBC News, Global News, and CTV news were conducted using the Google site function. Finally, the searches for the Telegraph Journal were conducted in Nexis Uni.

The searches consisted predominately of text word searches due to the limited controlled vocabulary in Factiva, Press reader, Nexis Uni, and Google. Several approaches were taken to attempt to encircle the concept of domestic violence and violence against women in Factiva. The first included the use of phrases and terms specific to the concept, including domestic violence, domestic abuse, domestic homicide, intimate partner violence, partner abuse, partner violence, family violence, violence against women, gender-based violence, intimate terrorism, relationship violence, sextortion, revenge pornography and femicide. The next approach included terms to capture examples of violence against women. This approach consisted of combining terms for people or relationship statuses with examples of abuse. Within Factiva, these two concepts were combined using proximity operators to increase the likelihood that they were acting upon one another. Examples of terms for people or relationship statuses included: husband, wife, boyfriend, girlfriend, common-law, marriage, conjugal, partner, and romantic. Examples of terms for abuse include: homicide, kill, strangle, hit, harm, terrorize, harass, rape, asphyxiate, slay, shoot, beat, attack, and batter. Finally, terms were included for locations and services which might relate to domestic violence and violence against women, including shelters, transitional housing, and crisis and rape hotlines. See appendix A for the full search terms.

Due to the large number of search results, I used an online random number generator to select a random 10% of articles from each source. The resulting set of references were imported into an online review management software called Rayyan for screening (Ouzzani et al., 2016).

3.3.2   Screening & Eligibility

News articles were included if: 1) they were available in full-text (English); and 2) reported on IPV in some way (e.g., domestic homicide, policy announcements, DV shelter, etc.). Articles that were not IPV-related (e.g., sibling violence, elder abuse), violence against women, gender-based violence, but not in the context of IPV were excluded. Articles related to books, films, or other forms of art or entertainment on the topic of IPV were also excluded unless they discussed IPV outside of the context of the piece. Articles that met the inclusion criteria were imported into the QSR NVivo12 software.

3.3.3   Data Analysis: Media

The first step in coding qualitative data is to become familiar with the data set (Miles & Huberman, 1984; Morse (1994). That is, before launching into the process of selecting and labelling chunks of texts, the researcher should read through all of the data to become familiar with it (Vears & Gillam (2022). Such immersion in the data set provides a sense of the study as a whole and of its component parts (Drisko & Maschi, 2015). Additionally, it helps to build awareness to context and nuance, which is important in qualitative content analysis (Drisko & Maschi, 2015). Due to the large number of articles included in the study sample (n=366), I used an online random number generator to select ten articles to read and familiarize myself with the text. While reading, I kept an open mind and did not write down notes or memos, as this can help think holistically and ask questions, such as – what is the article about? (Vears & Gillam, 2022). This process was then repeated for another set of 10 articles.

The goal of the first reading is to become informed about the content in context, to begin to notice key content and omissions of what might be expected content or perspectives, and to begin to identify connections with the data and preliminary categories (Drisko & Maschi, 2015). Given that qualitative data sets may involve hundreds of pages of text, the first step is to identify the main categories. Main categories are also called *themes* or *dimensions* in the qualitative content literature (Drisko & Maschi, 2015). After reading

the twenty articles the first time, I read them a second time. While reading the articles for the second time, it became apparent that IPV was being reported within different contexts. For example, some articles linked IPV to the COVID-19 pandemic, some discussed it outside of the context of the pandemic, and others just mentioned it within the context of other social issues (such as crime, policies, etc.). This process led to the creation of three main categories in NVivo12: 1) pandemic-linked articles; 2) non-pandemic linked articles; and 3) IPV just mentioned. Once the main categories were created, all articles (n=366) were re-screened (in NVivo12) and moved to the appropriate category. For instance, if an article listed IPV as one of many crimes expected to increase during the pandemic, but provided no further information, the article was placed within the category of "IPV just mentioned".

Once all articles were moved to their respective category, I began the open coding process. A code in qualitative inquiry is often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of text (Saldana, 2021). Open coding refers to the process of creating headings and notes that are written through text while reading through the different news articles (Elo & Kyngas, 2008). To ensure reliability, pairs or teams of researchers often code the same textual material and compare their results (Drisko & Maschi, 2015). I recruited two colleagues: a senior level undergraduate student (PK) and a PhD candidate (CB) to conduct two pilot coding sessions. A random sample of 10 articles were selected for the pilot. The articles were independently read, and each coder made thorough notes. After reading each article, an initial coding framework was developed through a series of team meetings. The codebook consisted of categories (e.g., describing IPV), parent codes (e.g., causes of IPV) and child or subcodes (e.g., COVID-19, financial stress, separation, etc.). When there were differences between coders, it was resolved by consensus. Throughout the process, the coders communicated frequently to discuss any challenges in applying the codes. For every code applied, supporting text from the article was copied and pasted into the Google Sheet alongside it. The codebook was available to all coders online through Google Docs and it was iteratively revised and commented on throughout the coding process for an additional 10 articles. When the coding was complete, the coders

discussed outstanding issues and did various checks of each other's coding to ensure consistency. A codebook (see appendix B) was developed collaboratively as a means of systemically recording data derived from the articles. The codebook was then uploaded onto NVivo12, where I coded the remainder of the articles.

The process of coding encompasses a significant part of analysis in qualitative CA. Schreier (2012) states that the main analysis is complete once the coding of the categories is finalized. She describes the final step of data analysis in qualitative CA as preparing the data in a manner that clearly answers the research question. This may involve developing a format of presentation that shows how the subunits of coded data collectively address the overall research question. Such an analysis will center on the reporting of descriptive categories or themes, together with illustrations of the evidence that support the categories (Saldana, 2021).

To answer the research question: how the Canadian news media framed IPV during the COVID-19 pandemic, I re-read the coded data and re-organized the categories and codes into themes. Johnny Saldana (2021), calls this, 'themeing the data". According to Boyatiz (1998), a theme is a pattern found in the information that "at a minimum describes and organizes possible observations or at the maximum interprets aspects of the phenomenon" (p.4). The themes identified in this study are presented in chapter 4.

3.4 Methodology: Interviews

3.4.1 Qualitative Descriptive

This study used qualitative descriptive approach to examine advocates' and policy actors' experiences of addressing IPV during the COVID-19 pandemic. Qualitative descriptive research is a method used in social science research that aims to describe and interpret the nature of phenomenon under investigation (Sandelowski, 2000). Unlike other qualitative research methods, such as ethnography or grounded theory, qualitative descriptive research does not seek to develop theory or generalize findings beyond the sample studied (Sandelowski, 2000). Instead, it aims to provide a detailed, rich description of a particular phenomenon, event, or experience.

The qualitative descriptive approach is particularly useful when researchers want to gain an in-depth understanding of a topic, and when little is known about the phenomenon under investigation. Qualitative descriptive is rooted in naturalistic inquiry and is useful in understanding contexts, processes, and experiences (Sandelowski, 2000). The aim of the approach is to provide a comprehensive summary of an event or experience in the everyday language of those involved without putting a highly interpretive spin on what is said (Sandelowski, 2000, 2010). This, however, does not mean that researchers don't do any interpretation. Researcher can and do utilize theoretical templates for analysis (Sandelowski, 2000).

Qualitative descriptive research typically involves the collection and analysis of data from interviews, observations, or documents. Data analysis may involve coding and categorizing the data to identify patterns and themes, but the focus remains on describing the data rather than interpreting it in a broader context (Sandelowski, 2010).

One of the strengths of qualitative descriptive research is its ability to provide a detailed, nuanced understanding of a phenomenon. By focusing on describing the data, rather than trying to fit it into pre-existing theories, QD research can uncover unexpected insights and highlight important nuances that might otherwise be missed (Sandelowski, 2010). It is also useful for generating hypotheses or ideas for future research. Another strength of QD research is its flexibility. Because it is not constrained by a specific theoretical framework, it can be adapted to suit a wide range of research questions and contexts. It can be used alone or in combination with other qualitative or quantitative research methods.

3.5   Methods

3.5.1   Sampling and Recruitment

Purposeful sampling is often used in qualitative research for the identification and selection of information-rich cases and involves the selection of individuals that are knowledgeable about or experienced with a phenomenon of interest (Patton 2002; Cresswell and Plano Clark, 2011; Neergaard et al., 2009; Sandelowski, 2000. Purposeful

sampling was used in this study to select participants from GBV/VAW advocacy organizations and federal government departments.

The recruitment process entailed emailing (See appendix C: recruitment text) identified individuals with an invitation to participate, along with a study summary (See Appendix D). Interested individuals were asked to contact the primary researcher/interviewer via email to confirm participation and schedule an interview time and format (video or phone); they were sent the Letter of Information and Consent (See appendix E: LOI) and asked to review it prior to the interview. At the beginning of the interview the LOI/C were reviewed, questions answered, and verbal consent for audio recording was obtained. At the end of each interview the participant was asked to suggest additional organizations and/or people who could speak to the issues at hand. Although there isn't an agreed upon number for samples in qualitative studies, the sample should allow for the possibility of drawing inferences and credible explanations from the data (Palinkas et al., 2015).

Once all interviews with advocates were completed, I began data collection with federal policy actors following a similar approach to recruitment described above, where managers from Federal government departments with GBV portfolios known to the study supervisor were sent a recruitment email and study summary (See appendix F & G), requesting it to be shared with staff. Interested individuals were asked to contact the primary researcher/interviewer directly, and the interview set-up and conducted as described above.

3.5.2   Data Collection: Interviews

Semi-structured interviews with advocates and policy actors were conducted to explore the impact of the news media's portrayal of IPV during the COVID-19 pandemic and its impact shaping policy discussions. Semi-structured interviews involve prepared questions that are guided by identified themes and with probes designed to elicit more elaborate responses (Qu & Dumay, 2011; Sandelowski, 2000). Semi-structured interviews are flexible, accessible, intelligible, and capable of disclosing important and hidden facets of human organizational behaviour (Qu & Dumay, 2011). It is one of the most effective and convenient means of gathering information (Kvale & Brinkmann, 2009). Particularly, this

is a valuable method for researchers to understand the ways interviewees perceive the social issue being studied (Qu & Dumay, 2011). For example, semi-structured interviews can help develop an understanding of the ways in which policy actors take up news reports of IPV when discussing policy development.

Data were collected between May 11, 2022, and January 3, 2023. One-on-one interviews were conducted via videoconference (Zoom) or telephone with participants in a manner and time of their choosing. Consent was obtained prior to the interview. With participant's consent, interviews were audio-recorded. Semi-structured interview guides were for GBV organizations (Appendix H) and Federal policy actors (Appendix I) and explored policy and advocacy work specific to GBV/IPV during the pandemic and the role of media and other sources of information informing them.

All information collected for this study was de-identified for analysis, reporting and storage. An encrypted master list with participant name and ID was created and kept so as to identify transcripts in case participants decided to withdraw; only the primary researcher/interviewer and principal investigator had access to this list.

3.5.3   Data Analysis

This study applied the thematic analysis framework outlined by Sandelowski and Leeman (2012). Thematic analysis is the "search for something recurrent in a data set"; a related step, thematic synthesis, is "the integration of data segments into some unifying idea," (Sandelowski & Leeman, 2012: 1407). The first step in thematic analysis involves reading and rereading textual data (e.g., interviews) and listening to audio recordings or watching video data and making notes during the process. The second phase begins the systematic analysis of the data through coding. In qualitative research, codes are words or phrases that encompass units of data (Sandelowski & Leeman, 2012). Codes identify and provide a label for a feature of the data that is relevant to the research question. Coding can be done at the semantic level – descriptive – or at the latent level – interpretive. This study will utilize both approaches. Initially, two separate codebooks were developed: one for GBV advocacy organizations and one for Federal government policy actors, which were then merged into a single codebook (Appendix J). A random sample of three

interview documents were used from each to develop the codebook. The third phase transformed codes into themes. A theme "captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006). This phase involves reviewing the coded data to identify similarities and overlaps between codes. An important element of this phase is exploring the relationship between themes and considering how themes will work together in telling an overall story about the data (Braun & Clarke, 2012). Phase four involves a recursive process where themes are reviewed in relation to the coded data and data set to ensure that the themes meaningfully capture the most relevant and important elements of the data relating to the research question. Phase five involves defining the focus, scope, and purpose of themes to state what is unique and specific about each theme. This phase involves selecting extracts to provide compelling examples illustrating the analytic points.

3.6   Ethical Considerations

Ethics approval (Appendix K) was secured from the University of Western Ontario Research Ethics Board; Protocol No. 120148. Participation in the interview study was voluntary, and informed consent, including to record interviews, was obtained from individuals.

Chapter 4

4   Research Question 1 – How did the news media frame IPV during the COVID-19 pandemic?

How the media frames IPV has implications for policy (Nicolaidis & Paranjape, 2009). Typically, social issues such as IPV are presented in the news media either episodically or thematically, with the latter having a greater impact on policy responses (Iyengar, 1996). This phase of the study (phase one) aimed to investigate how IPV was framed in major Canadian news sources framed IPV during the COVID-19 pandemic. In this chapter, I will begin by describing the characteristics of the sample used in the study, including the total number of articles identified, screened, and included, as well as the sources of news articles. Following this, I present seven prominent themes identified from the analysis. The chapter will then conclude with a summary of findings and its implications.

4.1   Sample Characteristics

In total, 13,480 articles were identified after removing duplicates. Given the sheer number of articles covering IPV, I used an online random number generator to select a random sample of 10% from each source. The resulting set of references were imported into online review management software called Rayyan (Ouzzani et al., 2016). After sampling, 1349 articles remained for screening. To ensure I was screening articles accurately, I randomly selected 10% (n=135) of the sample to be screened with two other individuals (PK and CB). Screeners, independently, read the title, abstract (if available), and when needed, examined the full-text to make an inclusion decision. Disagreements were resolved by a third team member. I screened the remainder of the articles.

In total, 407 articles met the inclusion criteria. An additional 41 articles were excluded during the coding stage, leaving a final total of 366 articles included across the news sources (numbers by sources are presented in table 1).

Table 1: Number of articles by source

Newspaper Type & Source	# Articles Identified (duplicates removed)	# Articles Screened (10%)	Included
National Sources			
The Globe and Mail	1248	125	33
The National Post	562	56	12
Online Sources			
CBC News	1985	199	70
Global News	1645	165	48
CTV News	1955	195	39
Provincial Sources			
Toronto Star	2075	208	60
Vancouver Sun	483	48	16
Calgary Herald	601	60	17
Winnipeg Free Press	405	41	11
The Chronicle Herald	459	46	13
The StarPhoenix	478	48	10
The Telegram	413	41	6
The Telegraph-Journal	363	36	13
The Guardian	308	31	6
Montreal Gazette	500	50	12
Total	13480	1349	366

** Sampling not exactly 10% for all sources (additional duplicates identified and removed during sampling process)

4.2   Findings

This study found IPV being reported within three unique contexts during the COVID-19 pandemic. Interestingly, only 24.6% (n=90) of the articles linked IPV to the pandemic at all, while the majority of them (55.2%, n=202) reported on an IPV incident or discussed it generally, though I had hypothesized that all, if not most, would do so, given the

reporting on increased prevalence of IPV due to pandemic conditions, and apparent media interest in the issue. Other articles (20.2%, n=74) reported on IPV within the context of other crimes or social issues and provided little information about it. How IPV was framed largely depended on the context within which it was reported. For example, articles that did not link IPV to the pandemic framed it episodically (73.8%). They often reported recent IPV cases, or cases coming to trial, and appeals and provided information that portrayed IPV as an isolated, private, and individual problem. Hence, the sources for these articles were prominently the police, lawyers, or a judge. On the other hand, articles that did link it to the pandemic framed it in its larger context, i.e., they provided information on broader issues such as concerns about shelter capacity, anxiety around reaching individuals at risk of IPV. These articles referenced advocates who could provide information about the broader challenges addressing/responding to IPV during the pandemic. Throughout the remainder of this dissertation, I will refer to articles that linked IPV to the pandemic as "pandemic-linked" and articles that did not link IPV to the pandemic as "non-pandemic" articles. Seven inter-related themes were identified and discussed below:

Theme 1: Reinforcing stigma: news media's contribution to misunderstandings and misconceptions

IPV is a complex and pervasive issue that affects individuals and communities across the world. As a significant societal problem, it demands accurate and responsible media coverage to foster understanding, empathy, and effective responses. This theme highlights how news media can perpetuate stigmatization, foster misunderstandings, and promote misconceptions surrounding IPV. The subthemes below delve into the harmful influence of media coverage, emphasizing its ability to shape public attitude and beliefs that hinder effective efforts to address IPV against women.

Silent on terminology: media's role in obscuring IPV

This subtheme highlights the failure of media outlets to clearly define IPV and educate the public about what constitutes it, leading to confusion, misconceptions, and limited understanding of the issue. Across sources, there was little presentation of IPV definitions (4.1%, n=15). When present, it was often combined with other forms of family violence,

for example, "…*family violence, intimate partner violence, dating violence, domestic abuse, spousal abuse, child abuse, elder abuse - it goes by many names, and has a deep and lasting impact on many in our region.*"; "*Domestic violence happens within a home or with partners that are in a family type relationship.*"; "*It's any act that harms, or is meant to intimidate or coerce someone in some way.*"; "*It can include verbal, physical, emotional, or financial abuse. It can look like one romantic partner abusing the other; a parent or adult abusing a child; an adult abusing an elder family member. Domestic violence also includes dating violence and violence in a roommate situation.*" ("Like an iceberg", Alison Jenkins, The Toronto Star, February 1, 2021).

By not distinguishing IPV from general family violence, news media may contribute to a limited understanding of the distinct dynamics, power imbalances, and specific forms of abuse that occur within intimate relationships. This misrepresentation can lead to misconceptions and oversimplifications. Additionally, without clear distinctions, individuals experiencing IPV may not recognize their situation as abusive, leading to underreporting and a lack of appropriate intervention. Furthermore, instances of family violence unrelated to intimate partners may be misidentified as IPV, leading to inaccurate perceptions of these problems. Lastly, the absence of differentiation between IPV and other forms of 'family violence' in media reporting can have implications for policy development and legal responses. Without recognizing the unique dynamics of IPV, and especially its gendered nature, policies and legal measures may fail to address the specific needs and challenges associated with intimate partner relationships.

The media's neglect of IPV as a widespread social issue

This subtheme highlights the news media inadequately reporting on the prevalence of IPV. Of the 366 articles, only 14.5% (n=53) of them reported on the prevalence of IPV. When this happened, IPV was generally portrayed as either an 'epidemic' or, interestingly, as itself a 'pandemic.' Portrayals of IPV as an epidemic within this 14.5% of articles (20.8%, n=11) focused on the scope of the issue in Canada and occurred in articles that did not link it to the COVID-19 pandemic. These articles provided general statements or statistics demonstrating the prevalence of IPV nationally, provincially, or locally. On the other hand, articles that portrayed IPV as a pandemic (79.2%, n=42)

provided statistics from around the world (including Canada) and occurred only in pandemic-linked articles. However, these articles did not place the prevalence of IPV within a context. For example, rarely was information about the prevalence of IPV across different genders provided.

Interestingly, while non-pandemic articles provided information about the prevalence of the most extreme cases of IPV (e.g., femicide) and cited statistics from police reports, pandemic-linked articles provided information about the prevalence of various types of IPV and cited statistics and reports from various sources including the police, shelters, crisis lines, and hospitals. Furthermore, the latter type of article provided explanations about the prevalence of IPV. For example, "*consultations conducted by the Federal government in late April show there's been a 20-30 per cent increase in domestic violence because of the pandemic and one shelter in Toronto saw a 400 per cent increase in its calls for help*." ("COVID-19 is exacerbating domestic abuse locally, as demand for shelter services outweigh supply", Sam Odrowksi, The Toronto Star, November 12, 2020).

However, there were instances of conflicting reports among pandemic-linked articles. While most articles reported an increase in IPV reporting during the pandemic, some articles reported a decrease, which can contribute to the assumption that IPV was decreasing. For example, "*in the first two months of the COVID-19 pandemic there was a 50 percent reduction in sexual assault and domestic violence cases seen in the ED, compared to the same months in 2018*." ("Fewer sexual assault survivors visit Ottawa Hospital emergency department during pandemic", Josh Pringle, CTV News, February 5, 2021). Nonetheless, many articles explained why there were reports of a decrease in the reporting of IPV, particularly during the early stages of the pandemic. For instance, many cited lockdown measures and fear of contracting the virus as reasons why women did not, or could not, seek help, even if it was in fact increasing in incidence and/or severity.

Moreover, there was an important overlap between both types of articles. They both portrayed IPV as a gendered problem that affected women more frequently and severely. While non-pandemic articles reported on sensational cases (e.g., death and physical abuse), pandemic-linked articles reported on of all types and forms of IPV against

women. However, neither provided information about the prevalence of IPV in different groups of women, implying that the prevalence of IPV is the same across all groups.

The absence of nuanced media coverage on the prevalence of IPV can result in limited public awareness and understanding of the issue. This lack of awareness can hinder efforts to address and prevent IPV, as individuals may not recognize the signs or realize the extent of the problem within society. Similarly, a lack of information about the breadth of the problem can lead to a false perception that IPV is rare or comprised of isolated incidents, rather than a widespread social issue affecting between a third and a half of individuals and families. Furthermore, when media fails to report on the prevalence of IPV across different populations such as Indigenous women, women of colour, and members of the 2SLGBTQ+ community, their experiences remain invisible and their voices and stories not heard or validated, which can hinder their healing, the availability of tailored services, and the broader understanding of the impact of IPV. The absence of media reporting on the prevalence of IPV in marginalized women can contribute to stigmatization and victim-blaming attitudes. It reinforces harmful misconceptions that IPV is solely experienced by certain demographics, or similarly experienced across groups, and fails to recognize that IPV affects individuals across all socioeconomic backgrounds and these experiences, and responses to them, are grounded in people's social locations and may differ.

Furthermore, the lack of reporting on the prevalence of IPV can result in reduced resource allocation for prevention programs, support services, and interventions, which can negatively impact the availability and accessibility of vital resources for survivors and their children. This lack of information on the prevalence of IPV may also hinder the development and implementation of effective policies and laws to address the issues. Without public pressure or awareness generated by media reporting, policymakers may not prioritize IPV as a pressing concern, leading to inadequate response and slower progress in combating the problem.

Trivializing tragedy: the sensational and fragmented coverage of IPV

This subtheme focuses on the media's tendency to overemphasize sensational cases of IPV and its consequences, while leaving invisible other more common types of IPV. In total, 27.6% (n=101) of articles reported about the type of IPV. The most reported types were physical (72.3%, n=73), psychological/emotional (25.7%, n=26), verbal (20.8%, n=21), and sexual (14.9%, n=15) abuse.

The impact of media placing greater emphasis on physical violence can have several significant consequences. Focusing primarily on physical violence can create an incomplete understanding of IPV. It fails to capture the full range of abusive behaviours, such as emotional, psychological, sexual, and financial abuse, which are equally damaging and prevalent. The limited portrayal can lead to a narrow perception of IPV, overlooking important aspects of power and control dynamics within abusive relationships.

Media reporting that primarily focuses on physical violence can contribute to misconceptions and reinforce stereotypes. This limited narrative associates IPV solely with physical aggression, disregarding the more subtle forms of abuse that victims endure and as a result fostering victim blaming attitudes that make it difficult to recognize and seek assistance in abusive situations where physical violence is not /no longer present. Victims who experience non-physical forms of abuse may hesitate to come forward or identify their experiences as IPV due to societal emphasis on physical violence.

Related to a focus on physical violence, reporting overemphasized the physical consequences of IPV, including death. Of the 144 (39.3%) articles reporting on the impact and consequences of IPV, the most prominent outcomes reported were death (73.6%, n=106) and physical injury (19.4%, n=28). Other less-visible consequences of IPV, including emotional/psychological, sexual, and financial harms, which have profound and long-lasting impact, were rarely reported. Only 8.3% (n=12) of the articles mentioned psychological/emotional impacts, with 8.3% (n=12) mentioning financial consequences.

The media's overemphasis on death and physical consequences can, in turn, lead to misrepresentation of the prevalence and nature of IPV. IPV is not solely defined by physical violence, and by centering the narrative on extreme cases, media coverage can perpetuate the misconception that IPV is rare or only occurs in cases resulting in severe physical harm or fatalities. By neglecting to report on less spectacular consequences of IPV, such as emotional and psychological harm, news media fails to accurately represent the experiences of most survivors. Psychological abuse, including emotional manipulation, intimidation, and coercive control, have long-lasting and severe impacts on survivors' mental and physical well being. The lack of media coverage of these issues perpetuates the invisibility of these experiences and hinders public understanding of the full range of effects associated with IPV. Furthermore, the absence of media reporting on the psychological outcomes of IPV can contribute to stigmatization and misconceptions surrounding mental health. Survivors may internalize the notion that their psychological struggles are not valid or important, leading to self-blame and shame. It may also perpetuate societal misconceptions that dismiss the psychological impacts of IPV, further isolating survivors and hindering their access to support and resources.

Furthermore, when an outcome was reported, it was often discussed as an isolated incident. Contextual information explaining the events leading to a death or injury was rarely provided. For instance, one article (among many) covering a femicide reported, *"a 35-year-old man has been charged with second-degree murder in connection to the death of his partner in Cote Saint-Luc overnight"* ("Man charged with 2nd-degree murder in death of woman in Cote Saint-Luc", CBC News, May, 18, 2021*).* In this example, a death is reported but no additional information explaining what led to the death is provided by the reporter. Portraying IPV in this manner disregards the history and pattern of abuse while framing it as an isolated incident.

Sensational reports of the consequences of IPV can distort public perceptions by focusing on its extreme cases and most dramatic consequences that are not representative of the broader patterns and experiences of victims and survivors. This can create a skewed understanding of IPV, leading to misinterpretation, misconceptions, and stereotypes that

oversimply the issue, and overshadowing the underlying factors, such as power imbalances, systemic issues, and the cyclical nature of abuse, that contribute to IPV.

Theme 2: Causes of IPV: misplaced beliefs and distorted perceptions

This theme focuses on the erroneous beliefs, distorted perceptions, and problematic attitudes that contribute to the occurrence of IPV identified in the news articles. Approximately 41% (n=149) of the 366 articles described factors that cause(d) IPV, either in a specific situation or generally. Explanations tended to frame IPV as either a private issue or a societal one. Articles that portrayed IPV as a private issue presented individual and relationship factors as the root cause of the problem and occurred primarily in non-pandemic articles (73.8%, n=110). On the other hand, articles that portrayed IPV as a societal issue linked it to broader cultural, political, and economic factors (e.g., financial stress, unemployment) as root causes and tended to occur primarily in pandemic-linked articles (26.2%, n=39). Furthermore, pandemic-linked articles provided contextual information and placed the responsibility on society to address IPV; non-pandemic articles rarely provided contextual information and tended to excuse or justify IPV by blaming the individuals involved (perpetrator or victim) and/or the relationship. Below, I present the different explanations for IPV.

Misplaced attribution of IPV to separation

The most prominent rationale for IPV stated in analyzed articles (149) was separation (20.8%, n=31). There were some overlaps between the code 'jealousy' and the code 'separation', in that they both provided information about the controlling tendencies of the perpetrator and/or his right to the woman as his property. However, articles receiving the 'separation' code did not explicitly label perpetrators as a 'jealous' person. Additionally, there were some overlaps between 'victim blaming' and 'separation' codes. For example, victims were subtly or explicitly blamed for reconciling after separating from the perpetrator, or accused of having an affair, as a way to justify the violence perpetrated against them, *"an agreed statement of facts said Doonanco and Feland had married, divorced and started living together again in late 2012."* ("Alberta woman sentenced to 8 years after guilty plea in partner's 2014 shooting death", Colette Derworiz, Global News, August 31, 2020). Furthermore, explanations for why a victim reconciled

with the perpetrator, such as financial dependency, fear of further retaliation, losing child custody, or fear of deportation were rarely provided.

While these articles reported that IPV resulted from the victim wanting to separate, details of why they wanted to end the relationship were scarce. Most often, separation was reported as background information highlighting the status of the relationship. On rare occasions, information about the pattern or history of abuse was provided, for example, "*Cochrane's friends and family believed that she had broken off the relationship. But they had also seen a pattern of abuse and reconciliation.*" ("'Why does he keep abusing?' Changing the question about intimate partner violence", Avery Haines, CTV News, November 14, 2020). However, even in this example, the victim is subtly blamed for reconciling with the perpetrator. Similarly, only one article explained more broadly, albeit briefly, that separation increases the risk of femicide in relationships where IPV is present, "*Mark's violent behaviour appears to have been triggered by Jennifer wanting to leave the relationship and this is not unusual. It's now been well established that this is a particularly dangerous period between intimate partners when the risk of femicide is the highest.*" ("Help for men 'needs to come as early as possible' to prevent violence against women, say experts", Cindy Sherwin, CTV News, April 8, 2021). Aside from these rare occasions, most articles that were coded 'separation' portrayed IPV as an isolated event that resulted from separation and not that the separation itself was evidence of a prior history of abuse.

Other articles receiving the 'separation' code seemed to excuse or justify IPV by sympathizing with the perpetrator. For example, some articles reported that the perpetrator killed his partner only to prevent her from taking the children away from him, as in this article, *"prosecutors said Jensen became upset with Smith when she told him she was moving with Hunter [son] to Manigotagan, a community about 190 kilometres northeast of Winnipeg. Smith told Jensen he was not welcome to come with them."* ("Jury finds Daniel Jensen guilty of murder in stabbing of 3-year old Hunter Smith-Straight, Brittany Hobson", CBC News, September 29, 2021).

Attributing IPV to separation and considering it as a cause contributes to the development of victim blaming attitudes and transfers the responsibility from the perpetrator to the victim. This shift in responsibility places the onus on survivors, implying that their decision to separate or leave the abusive relationship provoked the violence. Victim blaming reinforces societal beliefs that victims bear responsibility for the abuse they endure, which can lead to a lack of empathy and support for survivors. When the media infers that separation is to blame for IPV, it may also discourage survivors from seeking help or leaving abusive relationships. If media narratives perpetuate the notion that separation is the trigger for violence, survivors may fear the consequences of leaving and hesitate to seek support or intervention services, resulting in increased isolation and prolonged exposure to abuse. By solely attributing IPV to separation, media narratives overlook the multifaceted dynamics of abusive relationships. IPV is rooted in power and control, and blaming a women's decision to leave the abusive relationship oversimplifies the complexities of the issue.

Misplaced attribution of IPV to anger/argument

Quotes receiving the 'argument' code also tended to portray IPV as an isolated event. About 16.8% (n=25) of the 149 articles provided information that suggested that violence resulted from an argument and provided little to no contextual information (e.g., reasons for the argument), for example, "*the couple had an argument hours before the murder, but there was no more fighting after dinner and his wife fell asleep.*" ("'Honey, you're done', Alberta man told wife before he killed her", Janice Johnston, CBC News, May 27, 2020). Other articles reported alcohol as the cause of an argument that escalated to physical violence. For example, "*on the day of the murder, the couple spent hours at a winery, which court heard ended in arguments and Danjou getting a separate room at the hotel.*" ("Surrey, B.C., man found guilty of murdering his partner in a Kelowna hotel room", Pat Bulmer, CBC News, August 13, 2020).

Generally, articles receiving the 'argument' code did not link verbal abuse to IPV. Examples such as in this article "*there may have been heated disagreements between the man and the wife who has vanished, but they did not appear to have involved any actual physical violence, he said.*" ("Vancouver judge orders children returned to father

suspected in mom's disappearance", Keith Fraser, Vancouver Sun, February 1, 2021), were quite common. Narratives such as these further contribute to the notion that IPV is solely physical in nature. Furthermore, they justify IPV by linking it to issues between intimate partners, suggesting that IPV occurs due to poor communication and relationship skills, exacerbated by issues like substance use and poor anger management for both the perpetrator and the survivor.

Blaming anger or argument for IPV can have several significant consequences. It can shift the focus away from the abusive behaviour and attitudes of the perpetrator, suggesting that the violence is an understandable reaction to normal emotions or conflicts, and disregarding the fact that the abuser is responsible for their actions. This can minimize the perpetrator's accountability and contribute to a culture of excusing or downplaying abusive behaviour. Furthermore, IPV is not simply a result of anger or arguments. It is a pattern of coercive control, where power imbalances and abusive behaviours are used to assert dominance. By reducing IPV to anger or argument, the media overlooks the complex dynamics and underlying factors that contribute to the perpetration of violence.

Misplaced attribution of IPV to relationship problems

Just under 12% (11.4%, n=17) of the 149 articles provided information that excused or justified IPV by labelling the relationship as follows: "troubled relationship", "tempestuous marriage", "unhappy marriage", or "rocky relationship", suggesting that the relationship was generally bad and that violence was therefore not unexpected. Information about what contributed to the relationship evolving into an abusive one was rarely provided. Furthermore, labelling the relationship as troubled, unhappy, or rocky without providing contextual information contributes to a victim-blaming narrative by attributing responsibility for the violence to both the perpetrator and the victim, for example, "*a murder trial took a turn on Wednesday with a psychiatrist testifying the killing was fuelled by the couple's relationship issues. Adelugba said Schreiner told him the couple was going through relationship difficulties and considered separating.*" ("Saskatoon man killed spouse out of fear of losing custody of kids, psychiatrist testifies", Laura Woodward, January 27, 2021).

Other articles receiving the 'troubled relationship' code reported specific issues that caused the relationship to deteriorate and become violent. Financial issues were reported in some articles, for example, "*the police learned Greg's finances were poor," Bliss said. His bank accounts were often in overdraft, and family law prevented him from accessing his pension, according to the Crown. Finances and property made up a large part of the marital dispute, and it "did not appear to be a completely rosy" relationship, Bliss said*." ("Greg Fertuck told undercover officer he murdered estranged wife Sheree Fertuck: Crown", Ryan Kessler, Global News, September 7, 2021). Alcohol was reported in others, for example, "*Helen Naslund got married in 1983 when she was still a teenager. According to an agreed statement of facts, it was an unhappy marriage, laden with physical and emotional abuse. The family was in financial trouble and Miles often drank to the point of passing out*." ("Court to hear appeal of Alberta woman's 18-year sentence for killing abusive husband", Janice Johnston, CBC News, June 22, 2021).

Blaming IPV on relationship problems distorts the general public's understanding of IPV by portraying it as a normal part of a problematic relationship, rather than a serious and complex issue that requires intervention and support. It downplays the role and accountability of the abusive partner and overlooks the fact that IPV is a deliberate choice made by the perpetrator to exert power and control over the victim. Furthermore, it oversimplifies the complex nature of IPV. IPV is a multifaceted issue with deep-rooted causes, including power imbalances, control tactics, societal factors, and learned behaviour. Blaming it solely on troubled relationship fails to address the underlying factors contributing to the violence. Additionally, blaming IPV on bad relationships diverts attention away from systemic issues such as gender inequality, social norms, and cultural factors that perpetuate violence (e.g., misogyny). It disregards the broader societal context in which IPV occurs.

Theme 3: Stereotypes and simplifications: portrayal of victims and perpetrators

This theme encompasses how the media often relies on stereotypes and oversimplifications when representing both victims and perpetrators of IPV. This theme was present in 26% (n=95) of all articles (n=366) and occurred almost exclusively in

non-pandemic articles (99%, n=94). Five prominent subthemes were identified that captured the different rationales that were given to support, deny or justify perpetrators' behaviours that overlooked the gendered nature of the abuse, including denial, substance use, criminal tendencies, victim blaming and mental health.

Minimization and dismissing

This subtheme captures how the media downplays or dismisses the existence and severity of IPV. About one-third (34.7%, n=33) of the 95 articles referenced perpetrators or their legal defense team as denying committing IPV. Sometimes, a 'not guilty' plea was mentioned without providing further information or evidence, for example, *"Greg Fertuck has pleaded not guilty to first-degree murder and offering an indignity to the body of Sheree"* ("Greg Fertuck told undercover officer he murdered estranged wife Sheree Fertuck: Crown", Ryan Kessler, Global News, September 7, 2021). Other times, a defense of accident, self-defence, or admission of a more minor offense was provided, as in this article, referencing a lawyer, "*Bari made a "feeble admission" in 2014, a decade after he was convicted of first-degree murder. He said he couldn't remember much and didn't mean to kill his estranged wife, so he denied he intended to kill her and that it was planned, McGuinty said"* ("Man who beat wife to death in Fredericton appeals denial of early parole", CBC News, September 17, 2021). These articles portrayed perpetrators as individuals who were unaware of their behaviours, which were relatively minor, and implying they should be exonerated. Furthermore, by focusing more on explanations provided by the perpetrator and their legal team and less on the voices of survivors (in cases where the victim was not killed) and their supporters (e.g., family members, friends, or a potential witness), the articles did not capture or present the context of these cases and thus reinforced the idea of IPV as isolated incidents.

Media reports that highlight cases where courts deny IPV can perpetuate victim blaming attitudes. Victims may feel discouraged from seeking help or reporting abuse if they think they won't be taken seriously or believed by the justice system. Such reporting can also undermine the public's confidence in the justice system's ability to effectively address and respond to IPV cases, leading to victims not engaging with the legal process. Furthermore, media reports that emphasize courts denying IPV can contribute to a culture

of silence around IPV that fails to hold perpetrators accountable or publicly exonerate them.

Impaired judgement

This subtheme highlights the media shifting the blame for IPV from the perpetrator to the substances themselves. It suggests that drugs and/or alcohol are the primary cause of the abusive behaviour, relieving the individual of personal accountability for their actions. Drug/alcohol impairment was used as a rationale explain or even justify abuse in 26.3% (n=25) of the 95 articles. Some articles reported that the abuse occurred mainly from drug-induced impairment or rage, as in this article on a recent prominent case, "*Johnny Depp was a drug addict prone to violent rages and a misogynist who assaulted his wife and used abusive language about women, a London court heard on Monday as the actor's libel trial against a British tabloid neared its end. 'You have hit me repeatedly. Something you should never have done ... And none of this would be possible without the booze and drugs. NONE,' Heard wrote.*" ("Depp was a violent misogynist, court told Global Humiliation", Estelle Shirbon, The Chronicle Herald, July 28, 2020). While contextual information - i.e., his misogyny - was provided in the above example, it was a rarity, not the norm. Other articles tended to focus on the perpetrator's history of drug use, which was not expanded upon. A number of articles reported IPV as a by-product of substance use – where the perpetrator was consuming drugs to alleviate mental health disorders, "*defence lawyer Aleida Oberholzer said her client's depression surged after his mother - who also struggled with mental health and addictions - died in 2017, and he would use large amounts of cocaine to get the courage to follow through with suicide.*" ("Man having breakdown assaulted woman, court hears", Bre McAdam, Saskatoon Star Phoenix, April 30, 2021). A small number of articles provided information that linked the perpetrator's alcohol and drug issues to the pandemic. For example, an article reported that there was little help during the pandemic to address their drinking problem, "*I'm sorry... I didn't think I pushed her that hard but I guess I did," says Morgan. "I've been trying to get out from my drinking problem but there's limited help because of COVID-19.*" ("No jail for Florence apartment assault", Alex Kurial, The Toronto Star, August 16, 2021). Overall, these articles portrayed perpetrators (most often men) as substance users

who became violent when impaired, and thus framed IPV as a largely episodic by-product of substance use.

The media stating or implying that IPV is caused by substance use can have several negative consequences; it disregards the multiple factors, such as power and control, gender, and other socioeconomic and cultural factors that contribute to violence. This oversimplification can hinder understanding and prevent meaningful discussions and interventions to address the root causes of IPV. By blaming substances, the media shifts the focus away from the accountability of the perpetrators and creates an excuse or justification for their abusive behaviour, implying that they are not fully responsible for their actions. Furthermore, media narratives that consistently blame IPV on substance use can contribute to the stigmatization of individuals struggling with substance use disorders. It reinforces stereotypes and biases, portraying them as inherently violent and dangerous. This stigma can hinder their ability to seek help and support for their substance use issues and perpetuate a cycle of shame and isolation.

Victim Blaming

This subtheme outlines how media reporting of IPV redirects attention from the perpetrator's actions to the victim's reactions or choices. These articles often suggested that the victim should have behaved differently, taken more precautions, or sought help earlier, thereby implying they are to blame for the abuse they endured. One-fourth (25.3%, n=24) of the 95 articles implied blame belonged to the victim/survivor (mostly women) as the cause of an IPV incident. Some of the articles did this in subtle ways as in this article, "*the couple had separated about six months before the assault. The woman had moved to another home in Mississauga. Kettles confirms to the Star that police had responded to domestic incident calls at the previous address, but the woman hadn't obtained a restraining order*" ("Crossbow underscores plague of partner violence", Rosie DiManno, The Toronto Star, August 19, 2020). Here we see how the fact that the victim did not obtain a restraining order to protect herself appears to suggest that she deserved or allowed herself to be abused. For the most part, articles did not explain why survivors/victims generally do not seek police intervention (e.g., distrust in the justice system, not being believed, re-traumatization). Other articles blamed victims more

explicitly, either for "starting" the violence (e.g., arguing or threatening to expose the abuser), having substance use problems, being mentally unstable, or having a history of abusive relationships. Together, these reasons served to implicitly exonerate the perpetrator by portraying the victim as being the instigator or choosing relationships where IPV was likely. Additionally, these excuses oversimplified IPV by focusing on a singular frame (such as substance use or mental health) and disregarding important contextual information (e.g., history of perpetration). However, there was one rare instance where a more thorough explanation was provided:

> *"Court heard Mason had an abusive upbringing before she met the victim, and has been diagnosed with post-traumatic stress disorder ... 'The PTSD diagnosis overlaps with the collection of symptoms shown to exist within an abusive relationship, often referred to as battered woman syndrome,' McKelvey said... 'The accused acted in self-defence and must be acquitted for this tragic and unfortunate act that took the life of the deceased,' Court of Queen's Bench Justice Joan McKelvey ruled in a decision released this week... The history of abuse paved the pathway for her feelings that she would soon again be experiencing such violence. This set of circumstances played into her decision to defend or protect herself from the use or threat of force. The object would be to eliminate the threat... The stabbing was for the purpose of defending or protecting herself from that threat""* ("Woman cleared in fatal stabbing of abusive partner", Dean Pritchard, Winnipeg Free Press, October 29, 2020)

Blaming victims for IPV is a problematic media narrative as it reinforces power imbalance and societal structures that enable and tolerate abuse. It deflects attention from the actions and accountability of the perpetrators, thereby perpetuating a culture of normalization and silencing of victims and survivors. When the media engages in victim-blaming, it fosters a culture where survivors are held responsible for the abuse they experience, resulting in blaming and shaming attitudes that discourage help seeking. Victim-blaming in the media intersects with gender inequality, particularly as women are disproportionately affected by IPV. It reinforces unequal power dynamics, patriarchal ideologies, and harmful gender stereotypes, further contributing to the broader problem of gender-based violence.

Pathologizing perpetrators

This subtheme, occurring in 22.1% (n=21) of the 95 articles, highlights the media's portrayal of perpetrators of IPV as inherently prone to criminal behaviour. It describes how the media overlooks the complex factors that contribute to IPV and instead attribute it solely to inherent criminality or deviant personalities. These articles portrayed IPV as just another crime that was committed by a troubled individual with a criminal history. Furthermore, these articles shifted the focus from IPV to other crimes, as in this article, "*this isn't Ranspot's first time facing professional discipline…He was suspended from practice for 18 months beginning in 1997 after billing the Legal Services Society for legal aid that he hadn't provided, among other examples of misconduct. He was also fined in 2007 for professional misconduct*" ("2nd hearing for B.C. lawyer who assaulted girlfriend ends with same result", Lindsay Bethany, CBC News, June 14, 2021). Additionally, these articles provided little information about the victims, in essence portraying them as irrelevant. Overall, shifting the focus from the issue at hand, coupled with making the victims invisible, portrayed both IPV and its victims as insignificant.

The media's pathology-focused narratives have several wide-ranging and negative impacts on individuals and society. Firstly, when media attributes IPV to criminal tendencies, it reinforces the stereotype that some individuals are inherently dangerous and deviant. By portraying IPV perpetrators as criminals, the media perpetuates the belief that IPV is an isolated act of individual deviance, rather than attributing it to broader societal problems such as gender inequality and norms. Furthermore, presenting IPV as individual pathology can marginalize and silence victims and survivors. Moreover, blaming IPV on criminal tendencies can hinder the development of effective prevention strategies and interventions. If the media portrays IPV as solely a result of individual criminal behaviour, the focus may primarily be on punitive measures, such as increased law enforcement or harsher punishment.

Mental Health

This subtheme highlights the media's tendency to blame IPV on the mental health of perpetrators. As with substance use, it outlines the different ways a mental illness is used to divert accountability for the violence from the perpetrator to, in this case, an illness. Such framing of IPV was present in 21% (n=20) of the 95 articles. These articles often

provided information that portrayed IPV as a mental health problem, generally brought forth in court either by the perpetrator's defense team or the perpetrator themselves as a mitigating factor, suggesting that the perpetrator only committed the act because they weren't in their right state of mind due to their mental health problems, for example, "*Schreiner, 39, admits to stabbing and killing Brown but has pleaded not guilty to first-degree murder. The defence will argue that he should not be found criminally responsible (NCR) because he had a mental disorder at the time of the killing, which rendered him incapable of understanding his actions*." ("Blake Schreiner feared custody battle with Tammy Brown, 'preoccupied' with relationship: witness", Ryan Kessler, Global News, March 8, 2021).

Media's use of this narrative can perpetuate the misconception that mental illness is synonymous with violence and dangerous behaviour. It reinforces harmful stereotypes and can perpetuate negative stereotypes and stigmatize individuals with mental health conditions, contributing to misconceptions, fear, and discrimination against people with mental illnesses.

Theme 4: Unseen shadows – the hidden plight of IPV within systems

This theme highlights the concept of IPV being overlooked or marginalized within the larger health, social and criminal-justice systems. It emphasizes the need to shed light on the silent suffering of individuals affected by IPV, while calling attention to the lack of integration and recognition of this issue within systems and institutions. By using the metaphor of "unseen shadows", it conveys the idea that IPV exists in the periphery, obscured from these systems' core work, and thus necessitates greater awareness, action, and structural changes to adequately address. Two prominent subthemes were identified and are presented below.

Failing the vulnerable: inadequacies of the justice system in addressing IPV

This subtheme centers around the challenges and shortcomings of an ill-equipped justice system in responding to IPV. It highlights the barriers and deficiencies within legal and judicial practices, and indeed in law, that hinder effective responses to IPV cases. It sheds light on issues such as lack of specialized training for professionals, systemic biases, and

insensitivity towards victims and survivors. Many articles portrayed the justice system (laws, courts, and the police) as being ill-equipped to respond to IPV. Primarily, two factors were reported to contribute to the justice system's inability to address IPV: 1) a lack of legal provisions (in laws, policing protocols, sentencing, etc.) that capture all forms and patterns of IPV (e.g., coercive control and other non-physical abuse); and 2) judges lacking the necessary training required to fully understand the nuances and complex nature of IPV. With respect to the former, articles reported that the *criminal code* does not acknowledge non-physical IPV as abuse. For example, an article reported, "*there is no offence that fully captures the ongoing, coercive control of intimate partners…we can only really deal with physical (intimate partner) violence.*" ("Mass shooting leads to call for 'coercion' law; Threatening, isolating intimate partners would be deemed domestic violence", Michael Tutton, Vancouver Sun, May 25, 2020). Most IPV may not necessarily be physical or easily identifiable and therefore lacks physical evidence to use in court. As a result, cases of non-physical IPV may not be responded to, or disregarded altogether, and not be covered in by the media. For instance, an article reported that a woman who was abused multiple times, including being threatened with a knife, did not receive police protection because no physical injury was sustained, "*she said the police told her since he had not physically hurt her, there was nothing they could do and that the case was closed.*" ("Margarita Gracheva's ex-husband cut off her hands. Now, her own TV show is helping other victims of violence", Chris Brown, CBC News, March 18, 2021).

With regards to the second factor, when cases of IPV do reach the courts, articles reported that judges are hesitant to ask about abuse because they are not trained on the subject. For example, one article noted, "*in the legal sphere, Vicky Law says, one of the reasons people don't ask is discomfort, likely exacerbated by a lack of mandatory training…that uncertainty over how to ask – whether to ask – is further compounded by what to do with the information when a person does disclose.*" ("Coronavirus, N.S. mass shooting put spotlight on domestic violence. Here's how to talk about it", Jane Gerster, May 30, 2020). Intimate partner violence is a complex problem that requires responses that take a nuanced approach. Numerous articles reported court cases that led to a

response or a lack a of response that further harmed survivors. An example is outlined in this article, where a victim of abuse is sentenced for killing her abusive partner in what Johnson (2016) would describe as violent resistance, or self-defence:

> *"For 30 years, society failed to provide Helen Naslund with a basic human right, her right to safety, and now we see her being incarcerated for 18 years," wrote Jan Reimer with the Alberta Council of Women's Shelters. "We support Helen Naslund's appeal and call upon the justice system to make amends to Helen Naslund and for the historical injustices they have perpetrated upon abused women for decades." She said she hopes the three appeal court justices who hear her case "will understand the complete picture that was missed the first time around."* ("Court to hear appeal of Alberta woman's 18-year sentence for killing abusive husband", Janice Johnston, CBC News, June 22, 2021).

Other articles made references to the justice system being disconnected from services and organizations outside of the legal arena that play an important role in keeping victims safe. They reported that the courts rarely collaborate with other service providers and organizations. For example, social service providers are not always informed of court decisions when IPV is present, and this prevents them from taking the necessary measures to protect victims and their children, as outlined in this article, "*caseworkers did not know that the girls' father, who had been incarcerated after assaulting their mother, had been released from jail. The report said that without this information, caseworkers could not determine the family's safety needs and provide the right support.*" ("Alberta's child advocate recommends safety and accountability measures following case review", Madeleine Cummings, CBC News, September 22, 2021).

Lastly, articles reported instances where the impact of IPV was undermined by the justice system, particularly by the police. The mass shooting that took place in Nova Scotia in 2020 is a prime example of the justice system disregarding IPV as a social issue which impacts the broader public. In this example, the notion that IPV is merely a private matter is challenged with reports showing that its impact goes well beyond the home. Prior to the mass shooting, many community members had reported, over the course of many years, instances of abuse being perpetrated by the mass shooter against his partner.

However, the police did not take the issue seriously, and thus failed to respond, as explained in this article, "*no action seems to have been taken on those reports. Wortman had a history of domestic violence against his spouse. As far back as 2013, neighbour Brenda Forbes reported to police that Wortman's partner had shown up at her door one night saying he had beaten her and she needed to get away. Other neighbours told stories of Wortman strangling and hitting the woman on one of his Portapique properties. No charges were laid following those reports.*" ("A year after massacre, Nova Scotia demands answers", Steve McKinley, The Toronto Star, April 18, 2021).

The news media's portrayal of the justice system being ill-equipped to respond to IPV and being an unsafe place for survivors can and does have implications for those who may be experiencing abuse, especially during a crisis like the COVID-19 pandemic. Survivors may hesitate to reach out to the justice system for help knowing that they may not be believed, or worse, face further harm. Fear of the justice system was reported in numerous articles. One article noted, "*about three out of every four women who are experiencing violence in their homes do so in silence, according to Statistics Canada. They don't call the police, often for the very reason Cochrane didn't: fear. Fear for a child. Fear that it will make the situation worse.*" ("Here's what happened to crime rates in Vancouver during the pandemic", Eva Uguen-Csenge, CBC News, June 27, 2021). Women from marginalized groups were reported be even more fearful of the justice system, "*Milinovich said he's aware of concerns the appearance of police officers may be a barrier for some. "You would have to be naive to think that there aren't some trust issues related to police," he said. "We're trying to be aware of that and not create any concerns for our partners that we're going to be embedded with." Sharon Floyd, who co-chairs PCAWA with Devine, said not all survivors, including many who are racialized, will feel comfortable walking into the hub setting because of a fear of police.*" ("Peel police are joining forces with social services agencies in a 'radical experiment' to curb intimate partner violence", Jason Miller, The Toronto Star, March 19, 2021).

Systemic housing crisis for victims and survivors

This subtheme delves into the systemic housing issues that specifically affect victims and survivors of IPV. It highlights the structural flaws, inadequacies, and barriers within

housing systems that hinder the ability of IPV survivors to find safe and stable housing. The subtheme sheds light on factors such as lack of alternative housing options, limited availability of emergency shelters transitional housing, and insufficient funding for support services. Housing instability was reported as a major barrier for women leaving their abuser, especially during the COVID-19 pandemic. Housing included public housing, safe houses (e.g., shelters, second-stage/transition housing), and rentals. Two explanations were reported for why housing instability has and continues to be a problem: 1) a lack of consistent government support; and 2) increasing rental prices. Overall, the main message emerging from the articles was that the pandemic did not create housing instability, rather it further exacerbated an existing problem.

Many articles reported that housing instability has been a historical problem in addressing IPV. Some articles reported that shelters (emergency shelters and second stage housing) operated at overcapacity even before the COVID-19 pandemic hit, for example, "*Statistics Canada data from 2019 shows emergency shelters for those fleeing gender-based violence were already turning away nearly 1,000 women and children a day before the COVID-19 pandemic hit.*" ("A study finds Canada's homeless women are 'invisible.' COVID-19 could make it worse", Teresa Wright, Global News, June 25, 2020). When shelters were not at overcapacity, they were reported to be inaccessible, "*around 30 per cent of the time, when people call us to ask for shelter, we have to tell them that unfortunately we can't find a place for them within a reasonable distance.*" ("As violence against women escalates, Quebec groups renew calls for governments to step in, stop the 'madness'", Antoni Nerestant, Global News, March 20, 2021), or culturally not appropriate, "*data shows 70 per cent of northern reserves have no safe houses or emergency shelters for women escaping violence, and shelters in urban centres often do not offer welcoming or culturally appropriate programs or services for Indigenous women.*" ("A study finds Canada's homeless women are 'invisible.' COVID-19 could make it worse", Teresa Wright, Global News, June 25, 2020). Other articles reported increasing rental prices as a barrier. They reported that when women leave emergency shelters and second stage housing, they struggle to find affordable rental homes.

Articles reported that the government's response to the housing needs of survivors have been either slow, as indicated in this article "*it has been nearly three years since the provincial government tabled a strategic plan to combat domestic violence and develop a network of shelters, said Gaëlle Fedida, political coordinator of Alliance MH2. "It is time to act.*" ("Housing urged for victims of domestic violence", Montreal Gazette, March 1, 2021) or insufficient, as noted in this article, "*Jan Reimer, the executive director of the Alberta Council of Women's Shelters, said "it's always a struggle when a women's shelter opens because they never have secure government funding.*" ("Alberta women's shelter Jessie's House receives $1.1.M in government funding", Caley Gibson, Global News, May 21, 2021). The need for housing and a lack of government support was evidenced during the COVID-19 pandemic as shelters were either closed or restricted due to lack of resources. There were many reports from shelters indicating that they simply could not house the same number of women and follow pandemic protocols. For example, "*before the pandemic, Imani's Place had six beds, but to allow for physical distancing, that number's been reduced to four. Other shelters in Simcoe County and across Canada have had to reduce their capacity as well due to COVID-19, creating a two-fold blow where there's less of a supply of beds for domestic abuse victims as the demand continues to grow*." ("COVID-19 is exacerbating domestic abuse locally, as demand for shelter services outweighs supply", Sam Odrowski, The Toronto Star, November 12, 2020).

Other articles reported that a lack affordable rental apartments and homes was a challenge during the COVID-19 pandemic because builders shifted to developing condos and private landlords to selling their properties to capitalize on a booming housing market during the pandemic, leaving many survivors with nowhere to go. For example, "*many private landlords are choosing to take advantage of the market by selling their properties instead of continuing to rent them out, which has led to a decrease in rental stocks.*" ("Amid N.S. housing crisis, domestic abuse victims have fewer places to go", Alex Cooke, Global News, June 10, 2021). With increasing rental prices and unavailability of affordable homes, many survivors, and their children, were left trapped with abusive partners.

While increased attention, through news reports, on the unavailability of safe and affordable housing as a key barrier to addressing IPV, especially during the COVID-19 pandemic, may prompt, for example, a government response, this attention can also have negative consequences for survivors. For example, they may become hesitant to reach out to shelters for support knowing that they may be overcapacity, closed, or not within a reasonable distance. Additionally, with reports of skyrocketing rents during the pandemic, many may have decided to remain in abusive situations knowing there were no affordable alternatives. Women from marginalized groups may be even more hesitant knowing that there aren't many (if any) services appropriate to their needs.

Theme 5: Unraveling the invisible pandemic: illuminating the impact of COVID-19 on victims and survivors

This theme outlines the intensified impact of the COVID-19 pandemic on IPV dynamics. It highlights the hidden consequences and challenges that emerged as a result of the pandemic. The theme emphasizes how lockdowns, social isolation, and disrupted support systems exacerbated the risk and severity of IPV incidents. It sheds light on increased barriers faced by survivors in seeking help and advocacy organizations providing support for victims and survivors of IPV.

Collectively, this theme represented 11.7% (n=43) of all articles (n=366) and are discussed in detail below:

"The perfect storm": exacerbated risk factors for IPV

This subtheme describes the amplified risk factors that contribute to the escalation of IPV during the pandemic. It highlights the convergence of multiple factors that created a "perfect storm" for increased violence within intimate relationships. The subtheme addresses the combination of stressors, including economic hardships, mental health issues, social isolation, restricted mobility, and disrupted support systems, which intensified the risk and severity of IPV. It emphasizes how these risk factors interact and compound, resulting in a heighted vulnerability for victims and survivors.

While the vast majority of the non-pandemic articles portrayed IPV as an episodic event that resulted from substance use, mental health issues, etc., with its roots in individual and relationship problems, pandemic-linked articles portrayed IPV as a common global problem that is exacerbated by external circumstances such as a pandemic. Although some articles did directly link IPV to COVID-19, for example, "*he estimated that 90 per cent of the cause of the violence was related to COVID-19.*" ("The silent victim of the coronavirus pandemic: children", Gary Mason, March 27, 2020), most did not. In fact, many articles indicated, rightly, that the pandemic itself did not cause IPV, rather it exacerbated conditions that are used to justify IPV. For example, financial instability (e.g., job loss and unemployment), mental health (e.g., anxiety and depression), alcohol and drug consumption, poor anger management, and confinement with a perpetrator were reported to have been exacerbated by the pandemic, and thus resulted in more frequent and severe violence against women.

There were some overlaps with non-pandemic articles in that there were rare instances where IPV was linked to individual and relationship factors. For example, few articles reported that constant togetherness created more opportunities for partners to get angry at each other and become abusive, suggesting that violence was generally bi-directional and resulted from arguments, or that abusers consumed more alcohol to cope with the pandemic and thus became abusive towards their partners. However, unlike non-pandemic articles– where IPV was reported to have resulted from a single cause such as alcohol or drug use or mental health issues – pandemic-linked articles, for the most part, reported a combination of interacting factors such as financial insecurity due to job loss, mental health, and substance use as underpinning IPV.

Moreover, a small number of articles reported that the uncertainty created by the COVID-19 pandemic caused abusive individuals to feel a loss control over their lives and thus resort to violence as a way to regain some control. As one article explained, "*when you have situations where people feel a lack of control, they're going to turn to those closest to them to try and regain some sense of control," MacQuarrie said.*" ("Women's advocates fear an uptick in domestic violence from COVID-19", Paula Duhatschek, CBC News, March 24, 2020). Furthermore, there were reports of advocates fearing an increase

in IPV once restrictions were lifted and victims no longer confined to their homes. One article reported, *"we predict, definitely, a big increase when [COVID-19 restrictions] are all done, of women that will come forward and ask for help."* ("Decline in domestic violence calls during COVID-19 a sad situation, Moncton agency warns", Callum Smith, Global News, May 5, 2020).

Double threat, dual fear: the intersection of IPV and the fear of COVID-19

This subtheme outlines the intersecting vulnerabilities and challenges faced by individuals experiencing both the pandemic and IPV. The theme describes the delicate balance that victims of IPV had to navigate between the fear of contracting the virus, and the potential risks posed by staying at home with their abusers.

During the early stages of the COVID-19 pandemic, the key message from the government to the public was to stay at home and stay safe. Although the measures (self-isolation, quarantine, etc.) undertaken were necessary to limit the spread of the virus, they, along with related messaging, placed those experiencing IPV in increased danger. The message to stay home and stay safe failed to consider the realities of those in abusive situations. For some, home is the least-safe place, and being effectively imprisoned with the perpetrator severely limits opportunities to seek support, or even respite from the abuse. As a result of the restrictions and messaging, many did not seek help in the beginning of the pandemic. For example, one article noted "*it makes it harder for them to reach out," if they need help, Friesen said, adding the constant messaging to stay home, "can cause people to feel shamed if they need to leave.*" ("As reports of domestic violence across the country increase amid the novel coronavirus pandemic, Mennonite Central Committee Manitoba has relaunched its website of resources to help victims", John Longhurst, Winnipeg Free Press, May 14, 2020). When restrictions were eased and messaging shifted, service providers did experience an increase in those reaching out for help. For instance, one article, reported that the numbers increased once restrictions were lifted, "*we know domestic violence hasn't stopped, it's increased. So it's really worrisome when people aren't reaching out, but we're starting to see our numbers slowly get back up to what they should be,"* says Jennifer Hutton, Women's Crisis Services of Waterloo

Region." ("Concerns over drop in domestic violence calls during pandemic", CTV News, June 5, 2020)

Being isolated with the abuser was reported as a major barrier for women leaving and seeking formal and informal support. A key theme emerging from the articles was that the pandemic led to the imprisonment of women in their own homes, with their abuser, due to public health measures. Furthermore, social distancing measures exacerbated the issue of privacy and control of IPV survivors; they experienced little to no privacy, which impacted their ability to seek support or relief. Lack of privacy also affected their ability to create a safety plan. For instance, one article reported, "*it's becoming more and more difficult for women to do that safety planning to figure out how to leave in a way that's going to be safe.*" ("Feds double COVID fund for abused women: $100 million", Maan Alhmidi, National Post, October 9, 2020). Additionally, daily activities that may have provided some reprieve (going to work, library or a park) were impacted, and women didn't have these escapes or opportunities to disclose abuse to formal or informal support systems. Finally, the pandemic was used as a fear tactic by perpetrators and prevented survivors from getting help. For example, one article noted, "*speaking generally about the situation in York Region, she said she has heard of abusers telling their victims that shelters aren't safe because of COVID-19.*" ("Husband of Richmond Hill woman stabbed to death charged with 1st-degree murder", Nick Westoll & Catherine McDonald, Global News, February 25, 2021).

The fear of contracting the virus and/or becoming ill was identified as a barrier that further prevented victims from seeking help. Articles reported that victims were hesitant to contact any form of formal service such as hospitals, shelters, and the police, for example, "*Stephanie Taylor with Regina's Transition House said the organization is watching to see if the number of calls from people wanting to come in will decrease because of fear about the safety of a communal living environment during the pandemic. People may choose to stick it out with their violent partner or in a violent situation.*" ("At-risk women may face increased danger during pandemic, shelters say", Thia James, Saskatoon Star Phoenix, March 21, 2020). Similarly, there were reports of survivors not contacting the police or accessing medical treatment when needed.

Theme 6: Fractured foundations: the impact of COVID-19 on GBV advocacy organizations

This theme highlights the profound impact of the COVID-19 pandemic on GBV/IPV advocacy organizations. These included barriers that were pre-existing, barriers that were exacerbated, and newly emerging barriers. Although these issues were reported to significantly hinder the ability of advocacy organizations to respond to IPV during the pandemic, only 7.4% (n=27) of all articles (n=366) reported on them.

Women's shelters play a crucial role in providing safety, support, and refuge to women escaping IPV. However, these essential institutions have long grappled with limited resources and an overwhelming demand for their services. Several articles (n=12) stated that women's shelters were operating at overcapacity even before the COVID-19 pandemic began. For instance, one article indicated, *"Statistics Canada data from 2019 shows emergency shelters for those fleeing gender-based violence were already turning away nearly 1000 women and children a day before the COVID-19 pandemic hit"* ("A study says Canada's homeless women are 'invisible.' COVID-19 could make it worse, Teresa Wright, June 25, 2020).

One primary factor behind the overcapacity of women's shelters was reported to be inadequate resources and funding (2.2%, n=8). Shelters often struggle to secure sufficient financial support to expand their facilities, hire more staff, and enhance their services. One article reported, *"we know that shelters were already struggling with high demand and a lack of funding before the pandemic"* ("Coronavirus: Trudeau announces $40M for women's shelters, $10M for Indigenous women and kids," David Lao, Global News, April 4, 2020). Insufficient funding hampers their ability to meet growing demands and provide survivors with the comprehensive support they need. As a result, many shelters operate with limited space and resources, unable to accommodate all those seeking refuge.

Another contributing factor reported, as noted above, was the scarcity of affordable housing alternatives for victims and survivors leaving shelters. Many individuals who

escape abusive situations face immense difficulty in finding safe and affordable housing options. The shortage of affordable housing, coupled with high rental costs, makes it challenging for survivors to transition from shelters to independent living. As a result, shelters become temporary homes for longer periods, leading to increased overcapacity and limited availability for new residents. For example, one article reported, *"Alliance MH2 said the province is currently dealing with dangerous shortage of resources in its second stage housing – where women and children go once they leave emergency shelter, but before they find permanent housing…from 2019 to 2020 alone, 75 percent of requests for accommodation in second stage housing in Alliance MH2 shelters in Montreal were refused and 37 percent in other regions"* ("Housing urged for victims of domestic violence", Montreal Gazette, March 1, 2021).

While women's shelters have chronically faced challenges in meeting the demand for their services, the outbreak of the COVID-19 pandemic further intensified this problem to an unprecedented level. The combination of lockdown measures, financial strain, and heightened stress levels within households intensified the need for safe refuge for women and their children. However, at the same time, these shelters faced orders to reduce capacity to adhere to social distancing guidelines to limit viral transmission among residents and staff. This contradictory situation placed shelters in an exceedingly difficult position, as they were forced to balance the urgent needs of survivors with the need to maintain workplace health and safety within their facilities. Over half (52%, n=14) of these articles reported pandemic mandates forced shelters to reconfigure living spaces and communal areas. This meant that shelters had to reduce the number of available beds and limit the number of residents allowed at any given time. For instance, one article reported, *"before the pandemic, Imani's Place had six beds, but to allow for physical distancing, that number's been reduced to four…other shelters in Simcoe County and across Canada have had to reduce their capacity as well due to COVID-19"* ("COVID-19 is exacerbating domestic abuse locally, as demand for shelter services outweigh supply," Sam Odrowski, Toronto Star, November 12, 2020).

Denying access to shelter endangers the lives of victims and compromises their safety, especially during a pandemic. As one article reported, *"several community groups are*

calling for more resources for women dealing with domestic violence, as some shelters face an unprecedented demand because of the pandemic…the calls come after at least five Quebec women were killed in recent weeks – deaths that could have been prevented" ("Concerned over rise in domestic violence, Quebec advocates look to province for help," Franca Mignacca & Colin Harris, CBC News, March 4, 2021).

Another key challenge for advocacy organizations was not being able to communicate with survivors who were isolated at home. On the one hand, survivors were unable to reach out for help, and on the other hand, service providers could not reach them. The difficulty in providing help because of this double disconnect was reported in only two of the 27 articles (7.4%). As stated in one article, *"charities have said they are bracing for "a perfect storm" as lockdowns fuel a surge in domestic abuse, while severely limiting the ability of services to help those isolated at home with a violent partner" (shelters at bursting point).* Another article reported, quoting an advocate, *"what we don't know is how many women are out there who have no way to communicate and are stuck, and that's the scary part"* ("Domestic violence 'an epidemic,' advocate says after 2 Indigenous women killed in Winnipeg during pandemic," Dana Hatherly, CBC News, May 27, 2020)

Theme 7: Misguided recommendations and fragmented responses to IPV
The news media play a critical role in shaping public discourse, raising awareness, and facilitating change. When it comes to addressing IPV, media can highlight proposed solutions that aim to prevent and respond to this pervasive issue. This theme highlights solutions and responses to IPV reported in news media, both long-term and COVID-19 specific solutions. Approximately 14% (13.9%, n=51) of all of the articles (n=366) proposed at least one solution to address or respond to IPV, with almost two-thirds (60.8%, n=31) of them occurring in pandemic-linked articles. Overall, solutions reported were directed at the government (federal, provincial, and municipal), the justice system (the courts and police), or the community (family members, friends, neighbours, and co-workers). Most of the solutions offered tended to be downstream in approach, meaning that they placed greater emphasis on intervention after violence has occurred, rather than prevention of IPV in the first place. Additionally, most of the articles provided singular

solutions that were geared at fixing a specific issue (e.g., housing). Only a handful of these articles proposed solutions that were integrative or holistic (13.7%, n=7).

Numerous suggestions were offered by advocates from GBV organizations, with most (70%, n=19) of them occurring in pandemic-linked articles and included: 1) emergency funding to meet the increased demands of survivors during the pandemic; 2) stable and long-term funding that will allow them to remain operative and to continue supporting survivors beyond the pandemic; 3) building more subsidized housing to address the housing needs of those leaving violence; 4) creating public awareness campaigns to enhance society's understanding of IPV; 5) providing publicly funded legal support for survivors going through the legal system; and 6) providing more resources for programs and services targeting men using violence to reduce or prevent IPV. Collectively, these articles placed the responsibility entirely on governments (federal, provincial, and municipal) to address and resolve IPV. Overall, these recommendations suggested that IPV can be resolved by providing more resources to organizations and systems that support survivors. While more resources would certainly help those leaving violence and enable organizations to support them, it would not prevent IPV from occurring. More upstream solutions such as strengthening laws, advancing the economic rights of women, and challenging cultural norms are a necessary part of a holistic approach.

Approximately 28% (n=14) of the 51 articles proposed solutions directed at the justice system. More than half of them appeared in non-pandemic articles (57.1%, n=8). Some of the these were solutions for the courts and included: 1) more training for judges; 2) considering the broader social context of IPV; 3) taking IPV seriously and believing survivors; and 4) sharing information with different parts of the legal system such as the police, parole officers and GBV organizations to ensure survivors remain safe outside of the courthouse. Other articles proposed solutions for the police and included: 1) for the RCMP (in particular) to change its culture on how it investigates IPV; 2) investigating IPV more thoroughly; and 3) providing more training for police officers who intervene in IPV cases. Solutions reported in pandemic-linked articles suggested for the courts to not place IPV cases on hold during the pandemic and for the police to exempt women leaving abuse from COVID-mandated curfews or other restrictions.

About 28% (n=14) of the 51 articles suggested more social or community-level responses to IPV. They indicated that IPV can be prevented if members of the community (e.g., neighbours, family members, friends, and co-workers) became more vigilant and reported IPV to service providers such as the police and shelters. Although these recommendations were reported in both pandemic-linked and non-pandemic articles, they appeared more frequently in the former (64.3% vs. 35.7%). Particularly, social solutions were reported as the best way to bridge the disconnect between service providers and survivors created by the pandemic.

While all of the solutions stated above were singular in approach, 13.7% (n=7) of the articles proposed an integrated approach to addressing IPV, usually suggested by advocates interviewed for the pieces. These articles portrayed IPV as a societal problem and placed the responsibility on all systems, organizations, and individuals (e.g., the government, the courts, shelters, members of the community) to address it. Solutions provided suggested the use of an integrated approach to both upstream and downstream responses and occurred more frequently in pandemic-linked articles (71.4%, n=5). Integrated upstream solutions included: establishing or strengthening laws, improving the economic status of women, challenging cultural norms, establishing a National Action Plan to address gender-based violence, and improving information sharing between all systems and organizations responsible for tackling the problem. One article recommended that police take an integrated approach when responding to an IPV incident, "*we need to have crisis counsellors and therapists who are going out to these calls who understand the situation a little bit better*." ("Death of young woman helps bring about change with new intimate partner violence unit in Peel Region", Beth Macdonell, CTV News, April 21, 2021).

Furthermore, over one-fourth (27.4%, n=100) of all articles (n=366) reported at least one type of response to IPV, with more than half (60%, n=60) of them being reported in pandemic-linked articles. The most prominent responses included advocacy from GBV organizations and/or other members of the public (e.g., family members, friends, neighbours, or victims) (74%, n=74), the government (35%, n=35), or the justice system

(16%, n=16). These articles reported responses by specific sectors, organizations, or professionals.

Overall, both pandemic-linked and non-pandemic articles reported advocates taking to the media to raise awareness about IPV, provide contact information to local services, contextualize barriers experienced by individuals and service providers that support them, and attempt to mobilize both the government and the broader community to respond. While members of GBV organizations were referenced most of the time, other members of the public (e.g., victims and survivors, family, friends, and neighbours) were referenced and portrayed as advocates. Advocacy initiatives undertaken by members of the public included protests, demonstrations, and petitions (23%, n=17). An example includes, *"family and friends of Black New Glasgow woman who suffered a week of harassment and threats from a former partner who is white say police need to take domestic violence against Black women more seriously. They've been protesting this week to get the point across"* ("'Protect us, don't neglect us'", Adam McInnis, The Chronicle Herald, July 30, 2020).

There were noticeable differences between the frequency and content of pandemic-linked and non-pandemic articles. Of the 74 articles that reported advocacy, 60.8% (n=45) of them were pandemic-linked. Furthermore, while advocates were reported to be raising awareness and seeking a response to a specific IPV incident (e.g., miscarriage of justice) in non-pandemic articles, they tended to raise awareness and seek responses to a myriad of issues pertaining to IPV (e.g., housing, funding, legal support, etc.) in pandemic-linked articles. Furthermore, pandemic-linked articles tended to provide contact information to services and support. Nearly one-third (32.4%, n=24) of the 74 articles reporting on advocacy as a response provided contact information about services such as helplines, shelters, crime stoppers, etc., with 79.2% (n=19) of them occurring in pandemic-linked articles. Additionally, whereas pandemic-linked articles provided useful information about identifying abuse (e.g., signs and behaviours to look for) to survivors, questions about how to ask about abuse or intervene safely, non-pandemic articles did not generally do this.

Overall, there was a lack of advocacy initiatives reported for or from equity-deserving groups in both pandemic-linked and non-pandemic articles. This was the case across all advocacy content shared by organizations or members of the public. Specifically, few articles advocated for, and/or sought a response from, Indigenous and Black women. For example, only one article in the sample reported an instance where the family and friends of a Black woman protested the police's lack of response to her reports of IPV and called for a better response to Black women's reports. There were no awareness campaigns or calls for responses for other marginalized groups such as Indigenous women, newcomers and refugees, women with disabilities, or members of the LGBTQ community. The lack of voices from these communities can further undermine their experiences of abuse. IPV is experienced differently by women based on their identities. Thus, representing their unique experiences and challenges via media reporting is necessary for appropriate responses.

About one-third (35%, n=35) of the 100 articles reported at least one response from the government, with 19 (54.3%) of them occurring in pandemic-linked articles, and with significant overlap in messages. For instance, both types of articles reported government responses in the form of funding to address the various housing needs of survivors including opening new shelters, creating additional spaces in existing shelters, building affordable housing units, allowing pets in existing housing, and providing housing and programs for abusers so women and children can stay at home. Three of the articles reported on new shelters being opened to address the insufficiency of existing shelter beds. One article reported the construction of twelve new shelters across Canada to serve Indigenous women and children, and LGBTQ people leaving violence. Another article mentioned the recent opening of a shelter for Black women. Two articles reported initiatives being undertaken by Quebec and Nova Scotia to build units to address the shortage of affordable housing in their respective provinces. One article reported additional beds being added to existing shelters in British Columbia. At times, women with pets remain in abusive situations due to the fear of their pets being harmed and/or not being able to take them to a shelter. Two articles reported shelters working in collaboration with the SPCA to provide housing for pets. Furthermore, when IPV is

present, it is usually the woman that is forced to leave and seek refuge. One article reported an innovative four-year pilot project being implemented that aims to remove the abuser from the home while the women and children stay.

However, there was one major difference between the two types of articles: pandemic-linked vs. non-pandemic linked. In addition to being reported more frequently, pandemic-linked stories often labelled new targeted resources as "emergency funding", suggesting that the response is temporary, rather than a permanent solution. For example, one article reported, "*while Yellow Brick House was full on Thursday, Herenda said thanks to increased provincial and federal government funding they have been able to find alternative accommodations for all women and children in need. However, she said more needs to be done to end domestic violence*." ("Husband of Richmond Hill woman stabbed to death charged with 1st-degree murder", Nick Westoll & Catherine McDonald, Global News, February 25, 2021). Furthermore, there were concerns about the funds drying up post-pandemic and reverting to how things were before the pandemic.

Other responses from the government included making amendments to existing laws or adopting new laws and this was reported in 25.7% (n=9) of the 35 articles. One article reported the *Criminal Code* being reformed to include a new self-defence section that takes into consideration the context of a relationship in evaluating a survivor's actions. Three articles mentioned the adoption of Clare's Law, which allows women who may be at risk of IPV to obtain information about the criminal history of their partner. Two articles reported about Canada's *Divorce Act* being amended to include a detailed description of family violence and various types of abuse such as mental, emotional, and financial. One article noted amendments being made to the *Judge's Act* to require judges to undertake continuing education on sexual assault and social contexts in addition to developing the training in coordination with sexual assault survivors and organizations that support them. Lastly, two articles provided general information about justice system transformations and rejecting violence against women over time.

Approximately 16% (n=16) of the 100 articles reported at least one justice system response, with 62.5% (n=10) of them occurring in non-pandemic articles. Over half

(68.8%, n=11) of these provided information about a response from the police. Many of them mentioned the police collaborating with other social service agencies to better intervene in cases of IPV, for example, "*in a "radical experiment" to curb intimate partner violence and family disputes, Peel police are embedding dozens of officers among a legion of social services working to ebb the tide of abuse. Starting next month, 49 specially trained officers in the newly-minted Peel police intimate partner violence unit will share the same home as about 20 non-profit agencies at the Hon. William G. Davis Centre for Families in Brampton.*" ("Peel police are joining forces with social services agencies in a 'radical experiment' to curb intimate partner violence", Jason Miller, The Toronto Star, March 19, 2021). Taking an integrated approach was reported to aim to provide a safe space for disclosure of abuse and building trust with members of the community, "*we're really encouraged that this new space will break down some of the barriers between police and members of our community who may not always feel comfortable speaking with us,*" RCMP Staff Sgt. Jason Teniuk said in a media release…*Our hope is that this space will eliminate some of the discomfort if they're in a place where they already feel comfortable.*" ("RCMP interview room at sex assault centre will ease anxieties", Andrea Hill, Saskatoon Star Phoenix, January 20, 2021). Other ways that the police were reported to be responding included employing trauma-informed education and training to enhance their understanding of the complexities of IPV and developing an oversight agency to investigate allegations of IPV committed by officers.

A small number of the 16 articles (31.3%, n=5) reported responses from the courts. One article, for example, reported judges taking a different approach to cases of IPV where women kill in self-defence. Another article noted that the courts have become more sensitive to survivors and their needs over time. One article reported of domestic violence courts being established across Canada to respond to abuse and provide better support. Lastly, two articles reported on courts responding to IPV during the pandemic by adapting to the pandemic and holding trials virtually.

Other less commonly reported responses in the 100 articles included service providers transitioning their services to online delivery (8%, n=8), social/community-based responses (4%, n=4), and donations from the community (2%, n=2), with all of them

occurring in pandemic-linked articles. Some also noted services going online to maintain communication with those isolated and unable to physically leave, but there was little information suggesting how to safely use online support when under constant surveillance from the abuser. Furthermore, there were reports of an increase in calls to crisis lines on behalf of women experiencing abuse, for example, "*the crisis line is fielding more calls than usual from family, friends, co-workers and neighbours worried someone they know has been stuck at home indefinitely with their abuser*." ("Coronavirus, N.S. mass shooting put spotlight on domestic violence. Here's how to talk about it", Jane Gerster, Global News, May 30, 2020). Lastly, two articles reported members of the community donating or raising money to support women's shelters.

Summary of Findings

This study found that media reports framed IPV episodically to a greater extent than they did contextually (73.8% vs. 26.2%). Articles that framed IPV episodically discussed it as an individual problem that was caused or exacerbated by mental disorders, alcohol and drugs, jealousy, separation, anger or argument, or poor communication and relationship skills. These articles portrayed IPV being caused by individual-level and non-gendered factor(s) that could be addressed by resolving the specific cause, such as not consuming alcohol. Articles that presented IPV within the context of the pandemic were more likely to frame it as a societal problem that was caused by structural factors, such as gender inequality, gender norms, and systemic discrimination. For instance, many of these articles provided information linking IPV to external factors such as economic insecurity and gender inequity. When considering the overall framing of IPV across all sources, the majority of them framed it as episodic rather than patterned or contextualized.

By highlighting specific incidents of IPV and assigning the responsibility to the individuals involved, journalists divert attention away from seeing it as a societal issue. By disregarding the social factors that enable and perpetuate violence, media sources miss the opportunity to raise collective awareness of broader social factors related to IPV (Berns, 2001), i.e., patriarchal power structures. When media coverage does not frame IPV as an issue that needs widespread effort to address, the onus of dealing with it is placed entirely on survivors, rather than being shared by the community. The

responsibility to leave the abusive relationship and receive support falls on women, even when taking these actions is known to increase the risk of severe harm and even death.

Furthermore, episodic reporting further legitimizes men's violence by minimizing their responsibility for their actions and excusing and justifying their behaviour (Fairbairn & Dawson, 2013, McManus & Dorfman, 2005). The pattern of framing seen in the present analysis both drew upon and reinforced constructions of hegemonic masculinity, which served to perpetuate problematic stereotypes and beliefs about IPV. Culturally constructed patterns of reporting that normalized men's violence and control over women were present in multiple ways. Primarily, the findings show male privilege manifested in journalistic language, which made light of men's violence against women by mislabeling their violent behaviour as aberrant or even justified.

About 6.8% (n=25) of the 366 articles framed IPV as a substance use problem, suggesting that drugs/alcohol are causal. For example, an article reported "*on Sunday, hours before the killing, the family tractor broke down, and Miles flew into a drunken rage, hurling wrenches at Helen.*" ("'Feels like I'm in hell'; Why 'battered woman syndrome' is not a straightforward defence for women who kill", Tyler Dawson, National Post, August 14, 2021). This example, among many, did not provide contextual information about the relationship and the gender dynamic that led to the fatality. IPV incidents that reach the news media are usually severe cases, often with a history of gendered abuse (Michael Johnson, 2010). However, these articles rarely mentioned the pattern and history of abuse and framed IPV as a singular, isolated incident that was unexpected, caused by drugs or alcohol, and wouldn't have happened had the perpetrator not been impaired. Although some abusers are more prone to becoming violent when impaired, for example with alcohol or stimulants, abuse also commonly occurs absent impairment (and most people use substances without using violence). Thus, framing IPV as a substance use problem misleads society into believing (serious) IPV generally occurs when an individual is impaired.

Moreover, 5.5% (n=20) of the 366 articles framed IPV as a mental health problem (such as depression, anxiety, PTSD, etc.), implying that IPV is committed by individuals with a

mental illness. Referencing these characteristics justifies the abuse and implies that mental health is the cause of IPV. Such a framing not only shifts the focus away from IPV, it also perpetuates negative attitudes toward those with mental illness by indicating that those with mental health problems are inherently (more) violent. Furthermore, it exonerates the perpetrator by portraying them as aberrant individuals that need help, while also diverting attention away from the abuse they inflicted upon the victim. The case of Lionel Desmond, a military veteran who killed his wife, daughter, and mother, is an example. In that case, the narrative was that the system failed Desmond because he did not receive the help he needed, not that it failed to protect the victims. By focusing on the perpetrator's mental health and on the system failing him, the victims are rendered invisible and IPV considered less important. By silencing the voices of victims and failing to hold men accountable for their actions, many journalists continued to marginalize women and reinforce patriarchal ideas.

While many articles framed IPV being caused by "troubled" or "abnormal" individuals, a similar number of articles (all occurring in articles reporting IPV outside of the context of the pandemic) attributed it to relationship discord, further minimizing men's violence and recasting the analysis of men's problematic behaviour as a couple's problem. These articles also reduced IPV's complexity to the level of anecdotal cases that shield society and government from responsibility. The notion that violence resulted from relationship discord implies that both partners are to be blamed for IPV. It is essential to acknowledge that while there are "bad relationships" that can involve aggression and harm, what Michael Johnson (2008) terms situational couple violence, these do not fall under the category of IPV. Conflating a bad relationship with IPV is a serious problem and can lead to misunderstandings and trivialization of the seriousness and impact of IPV. By treating all relationship difficulties as equivalent to IPV, the media downplays the harmful dynamics, power imbalances, and patterns of control that characterizes abusive relationships. Additionally, it promotes the idea that if the relationship is violent, women can end it by leaving, overlooking the complexity, danger and difficulty women face when attempting to leave. Furthermore, it implies that once the relationship is over, then so too will the abuse end, when in fact violence escalates during or post-separation (Spencer & Stith, 2020). The news media's failure to provide contextual information

about histories and patterns of abuse further contributes to the belief that women are willing victims or exaggerate the severity of the violence.

Although media articles that reported on IPV outside of the context of the pandemic framed it episodically, those that linked it to the pandemic framed it more thematically. This study found that approximately 26.2% (of 149) articles framed IPV within the context of a broader social problem. This percentage is slightly higher than the 25% of articles found by Gillespie et al., (2013). These articles framed IPV as a global issue that not only affects individuals in Canada but all around the world, challenging the assumption that IPV is a "domestic" problem experienced by certain types of individuals. Furthermore, while the former conformed to previous patriarchal narratives that have consistently blamed the victim, exonerated the perpetrator, and ignored the social dimensions of IPV, the latter provided information that portrayed IPV in a different light.

First, they did not blame the individuals involved, instead they explained how social systems create circumstances that place certain individuals at greater risk of experiencing IPV. For example, one article described how a combination of different factors can cause or increase IPV, "*in previous pandemics and emergencies, financial insecurity, job loss, quarantine and social isolation were associated with increased risk of sexual and domestic violence.*" ("Coronavirus self-isolation could lead to increased domestic violence: N.S. agencies", Alicia Draus, Global News, March 25, 2020). Framing IPV as a consequence of social systems and norms can help the public better understand its complex nature and challenge the myth that it is caused by certain individuals who are "abnormal", "impaired", or "troublemakers". It challenges the idea that perpetrators can be easily identified.

Second, when an IPV incident was reported in pandemic-linked articles, it was often placed within a broader context. For instance, an article reported, ""*even after we separated, we still had an altercation where he ended up punching me" … Floyd said the risk for victims has increased during the pandemic because many are now quarantined at home with the abuser and are finding it hard to escape or freely file a complaint due to the risk of alerting the abusive partner.*" ("Peel police are joining forces with social

services agencies in a 'radical experiment' to curb intimate partner violence", Jason Miller, The Toronto Star, March 19, 2021). In this example, the journalist reports an IPV incident and then provides information that portrays it as a common problem experienced by many. Framing IPV in this way can shift society's understanding of the issue from an individual one to a societal one. Furthermore, providing contextual information can help correct harmful misperceptions. For instance, the example above challenges the narrative that "she can leave if she wants to" and "she can stop the violence by leaving" by illustrating how the violence did not stop once the victim left the relationship and why it is difficult for victims to leave (e.g., fear of retaliation). It is interesting that pandemic related coverage of IPV highlighted the complexity of leaving an abusive situation. It emphasizes the need for careful planning and support to make the act of leaving possible. This aspect is crucial as it can change the narrative surrounding IPV by shifting the focus from questioning why someone didn't simply leave to fostering an understanding of the challenges involved in leaving.

Third, pandemic-linked articles did not provide information that justified or excused the perpetrator. They tended to explain why IPV occurs and how the pandemic is exacerbating it. As one article put it, "*domestic violence is about power and control. Social upheaval like the kind caused by the coronavirus can increase the risk.*" ("Heartbroken friends remember mom with 'huge heart' and her 'special kid' killed in double-murder suicide", Alex Boyd & Omar Mosleh, The Toronto Star, May 7, 2020). Another article reported, *"the pandemic has led to more women being isolated and stuck at home with their abusive partners, the group says, but it's also worried that violence could surge as the province starts to ease public health rules…"as collective freedoms increase, in some situations partners may increase their violence to keep the power that they gained during the pandemic", said Thibaudeau.*" ("As violence against women escalates, Quebec groups renew calls for government to step in, stop the 'madness'", Antoni Nerestant, CBC News, March 20, 2021). In this example, the journalist takes a gender-oriented view when writing about IPV, showing that not all reporters take a patriarchal standpoint when discussing it. By providing details about the characteristics of

IPV (power and control), they are challenging the traditional beliefs that reinforce the prevailing systems of oppression and weaken women's rights.

Lastly, pandemic-linked articles tended to exercise caution while elucidating the causes of IPV in the context of the pandemic, so as to prevent readers from assuming it is a temporary problem that will subside with COVID-19. They stated that IPV was an issue that was present for women prior to the pandemic. A journalist quoted an advocate, "*while the pandemic has made domestic and gendered violence worse and also made it more difficult for women and girls to seek help, these numbers have remained steady for years.*" ("One woman or girl is killed every 2.5 days in Canada: report", Brooke Taylor, CTV News, March 17, 2021). This example suggests that IPV has been and continues to be a gendered problem and that the pandemic became a new tool for abusers to gain more power and control over their partner.

Aside from the number of times an advocate was cited, there were few differences in how the two kinds of articles discussed and framed IPV. Across all reports, when articles cited advocates as sources, they offered advice for other victims and/or included contact information for local services and shelters. These articles made the greatest effort to accurately portray the victims' experiences as well as the complexity of IPV. Findings related to this frame suggest that the media's tradition of treating IPV as an individual issue has changed. By using this frame, journalists and, by extension, members of the public, are forced to consider the role society plays in both perpetuating and preventing violence (Gillespie et al., 2013).

Moreover, it was important that advocate quotes were included in media stories about IPV and the pandemic because it provided readers an inside look as to what care providers were doing (and thinking) during the pandemic. Advocates are often very close to IPV victims, and they help survivors get the services they need. Moreover, advocates described how COVID-19 isolation and social distancing was putting victims in constant danger, and how the context of IPV changed during the pandemic, including survivors having to find alternative ways to seek help and try to maintain situations of calm at

home. Additionally, they described how shutdowns and new regulations led many individuals to lose their jobs or begin working from home.

Chapter 5

5 Research Questions 2 & 3 – Advocacy and policy response to IPV during the COVID-19 pandemic

The previous chapter analyzed how the news media framed IPV during the COVID-19 pandemic. In this chapter, I describe how the pandemic impacted IPV from the perspective of advocates and policy actors, followed by a description of the challenges that advocates and policy actors experienced when responding to IPV during the pandemic. Furthermore, I provide an account of how advocates and policy actors responded to IPV in the wake of the pandemic. Additionally, I explain how media outlets were used as advocacy tools by advocates, and the role of the media as advocates. Lastly, I present a discussion on the challenges associated with IPV beyond the pandemic and possible solutions.

5.1 Sample Characteristics

The sample for this interview study consisted of advocates and policy actors. First, staff from seven non-profit, gender-based violence (GBV) advocacy organizations in Canada participated, three at the national level, three at the provincial/territorial level and one more regionally/locally. These organizations aimed to amplify collective voices of GBV/VAW organizations through research, education, policy, and advocacy to identify and implement the institutional changes necessary to address the root causes of GBV. Some additionally engaged in training, education, research, and public awareness campaigns and one participant provided direct services (e.g., shelter, counselling) to IPV survivors. Participants represented a variety of roles in their organizations, and all identified as women, with an age range of 30-63 years (mean = 46.7). Second, nine federal policy actors from federal government departments with GBV portfolios participated. They represented a variety of roles in their departments, most as senior analysts or managers, with one person having a communications role. Eight identified as women, one as a man, and they ranged in age from 25-52 years (mean = 37.9). The table below contain the pseudonyms for each participant.

Table 2: Participant Pseudonym

Advocates	Policy Actors
Nancy	Liam
Cara	Kelly
Sarah	Sandra
Elizabeth	Michelle
Lisa	Lilly
Erica	Ally
Stacey	Janice
	Laura
	Claire

5.2   Findings

Six themes were identified, specific to how the COVID-19 pandemic affected the following: 1) "a perfect storm" – prevalence of IPV during the COVID-19 pandemic; 2) IPV and other forms of marginalization; 3) advocacy in the face of increased demands and limits on advocacy work; 4) atypical federal policy responses; 5) a new advocacy role for media and strategies for using media as an advocacy tool; and 6) looking at the IPV landscape beyond the pandemic and solutions to address it.

"A perfect storm" – prevalence of IPV during the COVID-19 pandemic

A key finding across all advocacy respondents was regarding the significant impact of the pandemic on IPV, specifically that while COVID-19 and responses to it exacerbated the occurrence and intensity of IPV, it did not cause it. For example, all advocates interviewed emphasized the importance of clarifying misconceptions that suggested that the pandemic was a root cause of IPV. As Nancy, an advocate, indicated, *"I do not think that there was more violence during the pandemic, that's the thing we tried to deconstruct with the media and the public. There was definitely violence before"*. Instead, she and other participants noted that IPV was made worse by lockdown measures, stay at home orders, and isolation. They said that these measures combined to create the "perfect storm" in which those using violence could more easily go unnoticed.

When discussing sometimes conflicting reports regarding calls to shelters and other services, many advocates explained that this was often related to lockdown announcements by the government. When a lockdown was imposed, shelters, for example, experienced a decrease in the number of women calling. When the lockdown was lifted, the number of women calling increased significantly. Elizabeth explained, *"we did see a real shift in how things happen. In the first three months of the pandemic, a lot of [services] saw their phone calls drop and their requests for [services] drop. Once the lockdown started to ease, that completely changed, and everything skyrocketed"*. (Elizabeth, advocate).

Policy actors acknowledged that there were conflicting reports regarding calls to shelters and other services but recognized that this was due to pandemic mandates (e.g., lockdowns) disrupting women's ability to access services, which resulted in increased or decreased calls. Thus, policy actors noted being hesitant to make public announcements. For example, Kelly, a policy actor, stated that the government was reluctant to issue statements claiming that IPV had significantly increased in Canada due to the pandemic because they did not have the data to make that claim. However, she stated that the government was comfortable in consistently announcing that the pandemic increased the risk factors for IPV.

Advocates pointed out various reasons why women didn't or couldn't seek support during the pandemic, especially while under lockdown. They explained that the lockdown provided an ideal opportunity for those using violence and control to isolate their partners from the outside world. The pandemic was then used as a method of control with common tactics such as intimidation and threats being employed to keep survivors from seeking help from support networks, both formal and informal. Elizabeth explained that *"isolation is an abuser's dream…abusers were using COVID by providing false information to their partners, saying that shelters were closed, they weren't allowed to leave their home, they would get arrested, or they would tell their family members or friends that the woman had COVID, or threaten that they would get COVID if they left the house"*. (Elizabeth, advocate).

Apart from the pressure and intimidation used by abusers, another reason survivors did not look for help was because they believed that shelters and other necessary services were either closed or unable to provide support. Cara, stated that "*some people just thought the services were closed because so much else had closed down, especially in the first wave"*. (Cara, advocate). Stacey, an advocate for Indigenous communities, added that many Indigenous women did not access shelters because the services offered were not tailored to their culture, such as traditional Indigenous medicine. She remarked that prior encounters with service providers – where they were rejected or felt unsafe – discouraged Indigenous women from seeking help. Michelle, a policy actor, further added that these barriers previously existed, but were exacerbated during, the pandemic. She noted that even before the pandemic, many women did not know about available supports, had disabilities that prevented them from accessing supports, and/or were being controlled by their abuser such that they could not seek help.

Moreover, the fear of contracting the virus was a bigger concern than IPV for many women, which resulted in many choosing to stay in abusive situations. Cara explained, *"everyone was more concerned about the pandemic than the risk of violence from an abusive partner. So, people were choosing not to come into shelter. They were staying at home, particularly if they had children, it seemed like they were making the choice to stay at home"*. (Cara, policy actor).

The fear of contracting the virus was even more worrisome for Indigenous women. Stacey shared, *"we tend to have more autoimmune illnesses. There's a prevalence of diabetes, there's arthritis, there's rheumatoid arthritis and other kinds of issues. And so, we become more susceptible and dying because of COVID. For those reasons, women were staying home longer, thereby increasing the brutality of the violence in the home"*. (Stacey, advocate).

IPV and other forms of marginalization

Women facing structural marginalization, including Indigenous women, newcomers, and women living in rural and remote areas, encountered additional difficulties during the pandemic. Some Indigenous women experienced new violence from others. Stacey stated, *"you know the environment around violence, whether it's from their partner or another family member or even the landlord. We have heard multiple stories about landlords, who used these critical moments to sexually exploit women as well"*. (Stacey, advocate). Women from rural and remote areas were unable, according to advocates, to access resources and services due to lack of availability and were hesitant to seek help for fear of their privacy being violated or their abuser becoming aware of it, resulting in exposure within the community. Cara explained:

> *"You know that's a challenge regardless of the pandemic that rural and remote areas have less access to services, even when services are available people often fear that their stay or counselling would not be confidential.* (Cara, advocate).

For newcomer women, language barriers proved to be a challenge in navigating health care, justice, and social service systems when trying to access resources and support during the pandemic. Advocates indicated that newcomers may not have been aware of resources available to them, making it difficult to find the help they need. Sarah, an advocate, noted that immigrant women who had limited English proficiency found it even more difficult to navigate health and social service systems during the pandemic.

Being isolated meant many women were experiencing more severe IPV, including intimate terrorism. The abuse intensified during the lockdown periods and then tended to

worsen after lockdowns ended. On the one hand, the lockdown periods enabled perpetrators to establish firm control over their partners, especially as women couldn't reach out for help, resulting in more severe abuse. Then, abusers escalated their use of violence after the lockdowns to maintain the control they had gained. Sarah stated, "*all these elements played a role in the way the abuser would lose control over his partner, it is during that time frame that we would see more devasting… soaring of femicide*". (Sarah, advocate).

While some women, for a variety of personal and contextual reasons, remained in abusive situations, advocates noted that others were forced to leave their homes due to the abuse becoming too dangerous. Cara explained:

> "*The people who were reaching out were the ones who were experiencing more serious physical abuse or where there were serious mental health issues… and so what appeared to be happening from the shelter side is that people were not making contact unless things were extremely dangerous for them*". (Cara, advocate).

Stacey, an advocate for Indigenous groups added:

> "*A woman stayed until she got stabbed, until that violence escalated. So, she wouldn't stay longer knowing that her life perhaps could be in imminent danger. Strangulation was a big one as well. So, they're coming in with injuries of strangulation or of stabbing. One woman came in just recently where she had been 14 weeks pregnant, and her husband had kicked her multiple times deliberately in the stomach because he said 'I don't want another child' and she miscarried her baby while she was in the shelter. So, we see the brutality getting worse where there tends to be the strangulation, the stabbing, the more bodily kinds of attacks*". (Stacey, advocate).

Advocacy in the face of increased demands and limits on advocacy work

The pandemic had a significant impact on advocates, who play a crucial role in supporting survivors of IPV both at the individual level, and through system-level advocacy work on behalf of victims and survivors in general, IPV service providers, and, for some, for feminist causes more broadly. IPV service providers experienced a significant demand for their shelters, hotlines, and counseling services. Advocates stated that the pandemic highlighted and heightened pre-existing inequities and shortcomings in the IPV care infrastructure. They indicated that most shelters had to stretch limited resources even more thinly to implement COVID safety protocols and support and care for a larger survivor population. Additionally, they noted that most IPV service organizations lacked the necessary personnel and financial resources to respond quickly and effectively to the sudden increase in demand. Lisa stated, *"the sector, which was already under resourced and facing a whole bunch of challenges in terms of waitlists... [this] was exacerbated by the pandemic"*. (Lisa, advocate).

Due to the lack of existing and new pandemic-specific resources, advocates feared that the services would not be able to meet increased demands and the need for fundraising to remain operative would become more acute. Indeed, the pandemic made these matters worse as many organizations were unable to carry out their fundraising activities due to the cancellation of in-person events, which placed additional strain on their capacity to support those in need. Elizabeth noted, *"for shelters, it was a real issue because a lot of, if not the majority, of shelters rely on fundraising to keep their doors open and a lot of that fundraising had to stop"*. (Elizabeth, advocate). Consequently, numerous participants emphasized the importance of government intervention for services to remain operative.

Moreover, lack of human resources was exacerbated for services during the pandemic. Nancy explained that the GBV/IPV sector has historically experienced personnel challenges due to the nature of the work. She explained the pandemic's impact as follows:

> *"I think a lot of the big issues though were that a lot of workers themselves, because it's a highly feminised sector, had to suddenly take care of kids and loved ones, and were not available to work, so there were*

a lot of human resource problems. I think workforce problems in the sector as a result of the pandemic and then the other piece is its already a low wage sector, right? So, I think there were a lot of challenges for the workers". (Nancy, advocate).

Cara added that:

"I think for people who work in GBV, whether its IPV or sexual violence, you already have kind of a built-in stress factor, you're already experiencing vicarious trauma, sort of in the work that you're doing, and then now you have all of this sort of global trauma that we're all going through together, and the pandemic is only part of it, frankly. But it's been a big thing, but its only part of the global angst that everybody has been living with in the last two or three years, the impact on us was just to feel overwhelmed at times by the amount of request we were getting for our services". (Cara, advocate).

Interestingly, while news reports mentioned the financial concerns of advocacy organizations during the pandemic, they did not discuss the personnel challenges they experienced.

Shelters were specifically impacted in that they had to reduce capacity to comply with social distancing guidelines. As Elizabeth said:

"Most shelters are communal settings, suddenly they had to reduce the capacity by 50 or 60%. If two or three bedrooms were, for example, sharing one bathroom, suddenly that bathroom could only be used by one family. That would mean that now two bedrooms had to be empty. So, there was a lot of shifting a lot of issues around how do we get hotel rooms, how do we find alternative accommodation?". (Elizabeth, advocate).

Although services were reduced in order to remain operational and adhere to government regulations, this did not mean less work for staff. In fact, many had to take on additional

tasks to reduce the risk of an outbreak, which was worsened by the unpredictable and constantly changing environment. Sarah noted, *"the biggest challenge was pressure enforcing the rules regarding COVID. The rules were changing all the time. Day by day there was different rules, even city to city"*. (Sarah, advocate). This was reported to be a major challenge for some services, particularly those that did not receive safety equipment in a timely manner. Elizabeth stated, *"some provinces gave shelters access to testing or gave them PPE or things like, whereas other provinces didn't"*. (Elizabeth, advocate). These concerns were rarely reported in the media. Only one article made a brief reference to staff at the frontlines being exhausted. The article, referencing an advocate, reported *"the confinement has forced these women [victims & survivors] to stay at home in a hostile environment, the shelters to accommodate hem have had to close places to adapt to health directives and the workers who are on the frontline are exhausted"* (Advocates worry already troublesome domestic violence rates will increase post-pandemic, CTV News, February 21, 2021).

Advocates indicated that the pandemic made it difficult for them to engage in advocacy work because they were more concerned about meeting the immediate needs of victims and survivors and assisting service providers adapt. Only one participant reported undertaking advocacy initiatives during the pandemic. Nancy, an advocate, stated her organization engaged with coalition partners to undertake two advocacy initiatives; 1) raise awareness about the ways IPV impacted women working from home during the pandemic; and 2) push for the implementation of the National Action Plan, a federal government initiative to end gender-based violence that has received little political attention since its inception over a decade ago.

Nancy added that advocates had to prioritize addressing increased demands for services, which meant less time to do advocacy. She said, *"it's hard to do work with coalition partners who are scrambling and overwhelmed…and don't have the dedicated resources to be able to do advocacy"*. (Nancy, advocate). Cara added that ensuring service providers received the funds they needed limited their ability to engage in advocacy activities. She said, *"working through that aspect of how to get the funds into the hands of our member agencies was very taxing"*. (Cara, advocate).

Advocates stated that they had to spend a significant amount of time explaining the impact of the pandemic on victims and survivors of IPV. Cara said, *"there was an explosion in media interest…and people wanted to know what's going on with COVID and IPV".* (Cara, advocate). Participants indicated that they had to shift their focus to educating the public about IPV rather than advocating for systemic and structural changes needed to address it. Multiple participants indicated that this included explaining the types of IPV, especially those beyond physical abuse, and the complexities and nuances of IPV experiences and interventions.

Advocates also pointed out that they spent a lot of time raising awareness and disseminating information about the stay-at-home orders. Elizabeth stated that, although this was time consuming, it was crucial, especially since there were conflicting messages from the government. She said, *"some Premiers were coming right out and saying stay at home does not apply if you need to leave your home for safety reasons. But other Premiers weren't saying that".* (Elizabeth, advocate). For Cara, this was even more burdensome. She stated that her organizations requested their provincial government to issue a statement clarifying that services were open and that women could access them. However, when no such statement was issued, Cara and other advocates had to convey this message to the public themselves.

Furthermore, participants stated that time was spent refuting reports indicating a decrease in IPV during the pandemic to ensure clear understanding by the public and decision makers about why the figures might appear to be decreasing, i.e., explaining how survivors' circumstances were preventing them from disclosing/seeking assisting, thus resulting in lower figures. They also offered explanations for when IPV was reported to be on the rise, so as to counter the belief that the pandemic was for the primary cause of the increase. Sarah noted, "*we were trying to raise awareness but also explain why a woman would stay in a violent relationship, we really tried to debunk the myth that…domestic violence…gender-based violence is increased by the pandemic, which is totally not accurate".* (Sarah, advocate).

Elizabeth provided an example of undertaking an awareness campaign when funding was available for her organization. She explained:

> *"We used some of the funds from the Rogers Family Foundation to do a million dollar national awareness strategy or national awareness campaign called 'More than Shelter.' So, it's the idea that shelters offer more than a physical roof that they do all of this other programming both inside the shelter as well as outside. It was getting people to go to [www.sheltersafe.ca] so you could find your local shelter, you can see where your local shelters are, but you can also see which ones you can bring your pets to or which ones have explicit trans or LGBTQ inclusive policies, or which ones are wheelchair accessible, there's all these different things that [the] shelter safe [website] offers. So, the campaign was really the big thing and we wanted to really push the idea that you don't have to stay in the shelter to access services and that is something we often always try to say in interviews, and we always try to say that like it's not your fault. It's not alone. Those are sort of the key messaging that we say.* (Elizabeth, advocate).

Moreover, advocates explained that they had to exert all of their energy to ensure that service providers could adapt to new models of service delivery, which limited their ability to engage in system level advocacy. Some advocates explained that they had to figure out how service providers could transition to virtual service delivery. For instance, Nancy highlighted that many service providers did not have access to technology and relied on one-on-one services and support through phone calls. For some organizations, the lack of technical knowledge was also an obstacle. Elizabeth stated that there was a lack of technical know-how, and technology to facilitate the transition. Lisa added that providing services remotely from home was a problem for service providers. She said:

> *"For people working on the front lines, the need to pivot so quickly to providing services that are normally done in person, virtually the complexity of doing that type of work, providing trauma counselling, for*

example, over Zoom is a lot different than doing so in person and just the
way that it really shifted the boundaries between home and work for
people who are working in this field in particular, and just how distressing
that could be". (Lisa, advocate).

Stacey indicated that Indigenous-led organizations being historically under-resourced meant that they couldn't transition to online service delivery. She stated that Indigenous-led organizations are in dire need of resources to help them become more adaptable during times of crisis. This includes funding for technology and training, as well as support for internet connectivity in Indigenous communities. She added that the lack of resources required to transition to online modes of service delivery prevented her organization from advocating for policy and system changes. She said, the organization was already operating at overcapacity before the pandemic and lacked the personnel to engage in advocacy initiatives.

While participants identified transitioning to virtual service delivery as a challenging task, it was not reported in the news media. Although media reports indicated that advocacy organizations lacked the funding to meet increased demands during the pandemic, they did not provide nuanced explanations highlighting specific issues, such as personnel, lack of technological equipment, and technical skills to successfully adapt.

Advocates discussed that identifying alternative housing solutions for women during the pandemic hindered their ability to advocate for system level changes to address the housing issues of victims and survivors. Participants indicated that providing alternative housing such as hotels was difficult for many organizations, particularly those in rural and remote areas. Cara stated, *"it a lot easier in urban area where there's more choices*
of hotels where they'd be more willing to take people, particularly if they were people
who were known to be COVID positive. In rural areas less hotels in general, small towns,
maybe one or two hotels and they might not want to be known as housing people who are
COVID positive, so that was more challenging". (Cara, advocate). For Cara, identifying solutions to the numerous challenges presented by the pandemic on service delivery meant less time to do advocacy work, such as advocating for affordable housing policies.

Although advocates indicated that they were unable to engage in their usual, system and policy advocacy initiatives directly, their responses highlighted the need for systemic changes to respond to IPV, starting with ensuring that the public and decision-makers understood how services work, and how pandemic-related policy decisions impacted the sector. The challenges experienced by advocates during the pandemic indicated that the existing infrastructure for responding to IPV is not effective. These challenges elucidated the need for a more comprehensive and adaptable infrastructure that can respond to IPV, especially during a crisis.

Particularly, Indigenous-led organizations and those located in rural and remote areas require tailored support. Indigenous-led organizations face challenges such as historical trauma, ongoing systemic discrimination, and lack of resources, which all impacted their ability to respond to IPV during the pandemic. Thus, it is important for the government to provide culturally appropriate resources and support those organizations to ensure that they are able to respond.

Advocates' experiences also highlighted the need for awareness campaigns to educate the public about the various forms of IPV, how to recognize it, and its impact. The lack of awareness can be a significant barrier to preventing and responding to IPV effectively. Participants indicated that they had to shift their advocacy efforts from policy to the public to ensure that survivors and victims were aware of support available to them.

Atypical federal policy response

Policy actors explained that the pandemic created a sense of urgency for the government to respond to IPV and the increased demands on service providers. According to participants, the government's provision of resources in response to the situation was atypical. They stated that, typically, the process of policy development and implementation is slow and involves a range of steps, including identifying the problem, researching and analyzing potential solutions, consulting with stakeholders, drafting and revising policy proposals, and implementing and evaluating policies. For a policy to receive funding, it must be considered in a budget proposal from the department to the Ministry of Finance, and then announced in the Federal Budget. Once the Budget is

announced, there is a rigorous process called a Treasury Board submission, where policymakers must present their plan for using the money in a justifiable and responsible way. This process can also take several months.

The urgency to respond to IPV during a time of crisis meant that standard policy development and implementation processes had to be streamlined, which presented challenges and opportunities for policy actors. For some participants, the lack of clear and concise availability of data was noted to be difficult when researching and formulating policy recommendations. Particularly, understanding the scope of the problem was challenging as it fluctuated during different waves of the pandemic. Ally, a policy actor, stated that the data from various sources was confusing and difficult to grasp, and indicated peer reviewed studies were needed to formulate appropriate policy suggestions. Laura, a policy actor, added that there was a need for self-reported data to provide effective policy recommendations and advice. However, she said that conducting studies to collect such data was not feasible nor appropriate due to its potential harm on those responding.

Not having valid and reliable data and not being able to conduct research to collect it meant that policy actors had to rely on less reliable sources for information. Liam said, *"evidence is great, but when there's a need and I'm not saying that we should eschew evidence…at a certain point, you just have to accept that this is the evidence that we have"*. (Liam, policy actor). Liam and other policy actors stated that they had to prioritize the media as a source of information. Claire, from a federal government department, indicated that the media was used as a source for issue identification. She said, *"it helped us increase our knowledge of certain issues [IPV] and then we were able to…conduct our own research on the topic, which could feed into our recommendations."* (Claire, policy actor). However, she clarified that most news articles are usually not very helpful, and that only those that reported on new research or referenced academics and other experts are.

Relying on news media as source of information generally is problematic as they prioritize episodic reporting of isolated IPV cases. These reports often reference justice

system personnel who provide specific information about an incident. The findings from the first phase of the study (media analysis) aligns with Claire's point as advocates, scholars/researchers, healthcare professionals, and scientific reports were referenced in slightly more than one-third of articles (35.3%, n=129).

Pressured by time and knowing that severity of violence and femicide rates were increasing, also meant that there was little opportunity for extensive policy discussions beyond providing funding. Policy actors acknowledged that the infrastructure built to support victims and survivors of IPV was already underfunded and faced numerous challenges prior to the pandemic. They indicated that finding system level solutions to address pre-existing and new infrastructure issues was a difficult task, especially within the context of the pandemic because it required time, which they did not have.

For policy actors it became important to prioritize marginalized populations, including women with low income, Indigenous women, women of colour, 2SLGBTQ+ people, and those living rural and remote areas, when discussing policy responses during the pandemic. These were individuals for whom the system and infrastructure were inadequate before the pandemic. For example, Janice and her team reinforced the use of a sex and gender-based analysis plus (SGBA+) approach to policy issues during the pandemic. She said that examining the intersecting social locations of those most impacted by the pandemic, including those at higher risk of IPV, and identifying ways to provide support to these people, especially in rural areas where support services were already limited, was crucial.

Not being bound to standard policy process also presented opportunities for policy actors to respond more quickly during the pandemic. Participants indicated that the government's priority of ensuring that victims and survivors of IPV received the necessary support they needed and that service providers had the resources to meet the increased demand expedited decision making. Participants said that this led to distributing funds to service providers more efficiently and effectively. For instance, Sandra noted that they were able to allocate millions of dollars for service providers immediately, which would have been impossible under normal circumstances.

In addition, fewer process constraints enabled them to rethink and modify funding requests for service providers. Typically, service providers would need to meet specific requirements, demonstrate the issues they were addressing, and justify the funding they required. However, during the pandemic, these requirements were waived. Michelle, policy actor, emphasized the importance of granting flexibility to organizations and allowing them to decide how to allocate the funds. Ally added that flexibility was necessary to enable service providers to adjust to the various challenges presented by COVID-19.

In addition to waiving some funding request requirements, advocacy organizations were granted more flexibility in carrying out projects they had received funding for prior to the pandemic. Policy participants recognized that these organizations needed the flexibility to adapt to changing environments. Claire specifically mentioned that many of the organizations that received funding several years before the pandemic were in at the stage of reporting results and outcomes. She indicated that this was no longer a requirement for organizations given that they were struggling to remain open during the pandemic. She added this impacted their ability to conduct policy evaluation for these projects but stated that supporting organizations was priority.

Furthermore, participants acknowledged that the government's communication about stay-at-home orders during the early stages of the pandemic was problematic. Sandra, policy actor, expressed concern that the message assumed that everyone had a safe home, while Lilly pointed out that it disregarded the potential harm to victims and survivors of IPV. Policy actors quickly realized that these messages could discourage people from seeking help because they might feel trapped at home. To address this issue, Michelle explained that they began providing clearer messages, via the media, including acknowledging that stay-at-home orders and curfews did not apply to those in unsafe home. Additionally, they also made sure to communicate that services were open and accessible.

Lastly, both policy actors and advocates discussed increasing collaboration efforts with other advocacy organizations and federal government departments during the pandemic

to respond to IPV more effectively. Elizabeth, an advocate, stated that there was increased collaboration with provincial and local organizations (e.g., shelters) to share strategies on, for example, following pandemic mandates and identifying alternative solutions to housing and other services. Laura, a policy actor, added that under normal conditions, they tended to work in silos, but this was not an effective approach for addressing IPV during the pandemic. Janice explained that her department's mandate limited their ability to provide direct support to advocates and service providers, as Federal government departments are limited to what and how they can fund, which is usually limited to project-based "conditional grants"(Malcolmson et al., 2021). The core funding for non-profit organizations, such as women's shelters, are provided by provincial and territorial governments (Elson, 2016). Despite these limitations, policy actors recognized the need to work together to leverage their collective resources to better support service providers. For instance, if they were unable to directly address request for support, they were able to connect them with other federal, provincial, and territorial government departments that could.

Advocates emphasized the significance of government intervention at an early stage to understand the impact of IPV on the frontlines and then allocate necessary funds to help organizations remain operational and adapt to changing situations. Lisa, an advocate, highlighted that the federal government provided funding to various organizations, in the form of project grants, to help them cope with the circumstances and continue offering services. The government's urgency and proactive approach surprised some advocates. Nancy shared, *"the interesting thing was that our coalition partners had been approached by the government early on in the pandemic to get a sense of what the impacts were, whether there was an increase in domestic violence that they were seeing, or sexual, or other forms of violence against women or gender-based violence and then made an effort to get sort of some funding to shelters and other support services in order to meet what was perceived to be an increased demand as well as adjust to the realities of working in a kind of lockdown situation"*. (Nancy, advocate).

Stacey also expressed a similar view, stating that Indigenous Services Canada took a more proactive approach in reaching out to Indigenous communities as they were not

accessing the COVID-19 vaccine. She mentioned that they received support from Indigenous Services Canada and the provincial government for COVID-19 and IPV related programs. For instance, if they ran out of space in shelters, there was funding available to provide accommodation for women in hotels.

A new advocacy role for media and strategies for using media as an advocacy tool

Media decision-makers (journalists, editors, producers, etc.) can choose to highlight the experiences and voices of individuals and communities affected by a particular issue. By telling these stories and giving them a platform, media venues can raise awareness about struggles and mobilize support for a cause. Advocates indicated how important it was for various media outlets to highlight the challenges faced by IPV survivors and service providers during the pandemic. When particular stances on an issue are amplified by, especially, mass media, awareness can be increased and support for a cause mobilized, leading to pressure on decision makers, and changes in policy considerations.

Advocates highlighted the role of media reporting on IPV during the pandemic. They indicated that there was a surge of interest from journalists in covering IPV during this time. They believed that the increased coverage helped raise public awareness about the impact of IPV on women. Lisa noted, *"it was interesting to see the amount of coverage that the issue of domestic violence was suddenly getting in the media during the pandemic. It seems like it kind of struck a chord with people in a way that they could understand, under these conditions, how terrible it would be to be experiencing violence or be in an abusive situation that you can't leave…that only registered with the general public"*. (Lisa, advocate).

Similarly, Elizabeth noted interest in understanding aspects of IPV not previously seen, saying, *"there was an increased interest in the funding behind shelters or the funding that was available to shelters and the idea that shelters can't stop functioning…they don't have core operational funding, that became an interesting angle for a lot of media organizations"*. (Elizabeth, advocate). Sarah emphasized that the extensive media coverage of the challenges faced by services had a positive impact by placing greater pressure on the government to respond. She stated, *"the situation with the media*

coverage also allowed us to put pressure on the government, so we obtained a significant increase in funding and programmes that we would never have otherwise". (Sarah, advocate).

Specifically, the media's portrayal of IPV as a pandemic of its own was effective in helping the public and policy actors understand the situation faced by those affected by it. Elizabeth noted that the media's portrayal of IPV as a "silent" or "shadow" pandemic, and IPV plus COVID-19 as a "double" pandemic was a compelling way to frame the issue, which resonated with the public. She said, *"everyone understood what a pandemic was at this point…and to be able to say there's this other pandemic I know that nobody is talking about…I think for me, its more the idea that the angle and framing was something that people were interested in and were able to relate to and that's why so many media, sort of picked it up".* (Elizabeth, advocate).

Policy actors also indicated that the media's framing of IPV as a pandemic was impactful. Liam noted that framing IPV as a "shadow" pandemic had significant impact, as it effectively described the phenomenon of GBV/IPV that intensified during the pandemic. He stated that the use of the term "shadow" was particularly powerful because it conveyed the idea that IPV is an often-overlooked aspect of society, occurring in the background during the pandemic while the world focused on COVID-19. He added that this term resonated with many people and brought attention to IPV in a way that it had not received before because through COVID, everyone could now directly empathize with the feeling of being confined. He explained how framing IPV as a pandemic made his work easier, *"I think the GBV/IPV sector has been really successful in promoting that idea [shadow pandemic] …which made the work that we do easier…and releasing the funding because the government, and the politicians heard that".* (Liam, policy actor).

Janice also noted that the media's increased coverage of IPV placed greater pressure on policymakers to respond. She said, "*they definitely placed a lot of emphasis on the severity of the issue and the way it was discussed was really helpful…by putting so much media attention and so much media pressure on [IPV]…helped propel a lot of programs and policies and funding forward."* (Janice, policy actor).

While media attention offered numerous benefits and opportunities for advocates, some described experiencing challenges that prevented them from engaging with the media. One such challenge was a lack of media training, which is essential in helping advocates to interact effectively with the media, speak confidently, and convey often complex messages in a clear and concise manner. Without proper training, advocates may struggle to navigate media interviews, which can result in missed opportunities or even negative coverage. Lisa provided an example of her own experience. She said, *"I've had the experience of, you know, wishing that I could go back and say what I was going to say in a more articulate way, but that's not necessarily the media you know misconstruing words, unfortunately. But, I think, and I know, I have this challenge too, it's like, this is such a complicated issue when you want to communicate, like all of the nuances and information about it, and then what the media wants is like one sentence".*

Cara, an advocate, added that the media's treatment of interviews is another reason why advocates are hesitant to engage with them. She said that the media isn't always kind to the people that they deal with. She provided an example, citing her predecessor experience, who was highly knowledgeable about IPV but was afraid of saying the wrong thing or having her words misconstrued, which made her cautious about engaging with the media. Thus, comfort and confidence in speaking to the media can impact advocacy efforts.

Similarly, Lisa emphasized that media training can equip advocates with the ability to build relationships with media professionals, gain an understanding of the requirements and expectations of different media outlets, and tailor their messaging to suit different audiences. She provided an example of her own: "*I was interviewed for something that was like a live TV thing and they had like given me like 5 questions and it was two minutes…I got like halfway through the first question and the interview was over so it's like it's yeah I think it's something that requires training to be really good at it".* (Lisa, advocate). Cara, an advocate, added that media advocacy can be costly, particularly when it comes to paid advertising. She indicated that although paid advertising provides more control over the message, it may not be feasible for organizations with limited funding, and Stacey noted that especially for small organizations, the costs in time and other

resources can be even more onerous.

Looking at the IPV landscape beyond the pandemic and solutions to address it

All advocates expressed concerns that pandemic-specific government funding was only temporary and would disappear after the crisis period. Elizabeth stated, *"I think one of the big - it's not so much a policy challenge - but I will say that a lot of like shelters have been super happy and grateful for the federal funding that has come during the pandemic and that is due to stop as of March 31st, 2023, and we have no indication of any other expense coming".* Sarah shared similar concerns, *"the funds given during COVID were appreciated and needed, but they need to stay and become recurring year after year. We are afraid that if, or whenever the pandemic ends, the funding stops"*. (Elizabeth, advocate). Erica indicated that the support was a band-aid solution and does not address the need for consistent core funding to meet the needs of survivors going forward.

Policy actors were also concerned about long-term funding challenges for advocacy organizations and service providers. They stated that time-limited funding would continue to create hurdles for these organizations beyond the pandemic. Michelle, a policy actor, expressed concern that the efficient and speedy process that was implemented during the pandemic would likely revert to the previous methods, which could pose challenges in ensuring that organizations were allowed to allocate their resources as needed.

Advocates also noted that a lack of core funding will continue to pose challenges for workforce issues beyond the pandemic. They explained that the workforce in this sector is predominantly female and low-wage, and that the government does not view the sector, which is already underfunded, as part of the broader economy. Nancy, an advocate, expressed concern that this will make it difficult for the sector to attract and retain staff who are valued appropriately for the important work they do. Lisa, an advocate, added that the lack of long-term contracts and benefits may discourage staff from staying in the sector.

According to several participants, the most significant challenge was the implementation of the proposed National Action Plan which could help address the issue of IPV, but the government had, at the time of the interview, yet to provide details on what the Plan will entail. The potential for individual deals with provinces and territories and the distribution of funding on a per capita basis were seen as counterproductive, potentially leading to inequitable distribution of resources, particularly in the Territories, which have higher rates of IPV. Elizabeth explained:

> *"We're hearing that the government is going to be, you know making individual deals with each province and territory, which is completely against the whole idea of having a national unified plan. We're hearing that it's going to be the money is going to be distributed on a per capita basis, which again is not in keeping with what we're proposing or what we're pushing for because that means you know the territories are going to get nothing compared to other provinces. But the Territories have the highest rates of domestic violence, so I think again, putting like funding dollars and the National Action Plan are the biggest pieces that we're pushing".* (Elizabeth, advocate).

Moreover, some advocates noted that the current system and structure are too fragmented to adequately respond to IPV. Lisa pointed out that people working in this sector tend to work in isolation and do not have many opportunities to communicate with one another. Stacey, the advocate for Indigenous groups, shared similar concerns. She stated that there is currently no national voice, only isolated pockets of voices across the country that are not making significant progress. While this was deemed a major challenge and concern for advocates, it was rarely reported in the media. Only 1.9% (n=7) of the articles mentioned an integrated approach to addressing IPV. These mentions were present in pandemic linked articles, where advocates were referenced often and not mentioned when they were not. Most of the articles made no mentions of the structure being fragmented.

Furthermore, the absence of Indigenous voices in policy direction was discussed. She stated, *"all the policymakers who sit at the table right now, at least here in [province]*

are all privileged white women who do not have [knowledge] on what it's like to be on a reserve, on a First Nations community, but they continue to make policies and influence policies on behalf of Indigenous women. They have to give up that role. They have to give that role back to Indigenous women." (Stacey, advocate).

Both advocates and policy actors expressed concern that the media's coverage of IPV will decline after the pandemic subsides, which could lead to a decrease in funding for the sector. As Elizabeth noted, *"if the media is less interested in this issue of domestic violence, then donor dollars might dry up and that could be an issue for operations"*. (Elizabeth, advocate). Meanwhile, Nancy pointed out that the media's attention had already started to shift towards other social issues,

> *"I think that the issue is that the narrative has sort of started to shift towards some of these other issues... I think that the rise of hate movements is also a challenge because again, it both is a risk for the escalation of domestic violence because there's many links between the people who are involved in some of these movements and domestic violence, but I do think it's a huge attention like they're demanding so much attention right now"*. (Nancy, advocate).

The COVID-19 pandemic brought to light the critical importance of addressing IPV, but the issue has existed long before the pandemic and will continue after it. While emergency funding from the government was crucial in responding to the increased demand, advocates recognize that it was only temporary. To effectively combat IPV, advocates suggested the government go beyond providing sustainable funding to advocacy organizations and address the underlying systemic obstacles that subject women to violent situations and prevent them from leaving abusive relationships. Lisa and Erica emphasized the significance of tackling issues such as inadequate housing, precarious employment, insufficient childcare, and systemic racism that affect women and their children. They further added that the government needs to address the additional systemic barriers (e.g., lack of access, culturally appropriate services, etc.) that

structurally marginalized women, including Indigenous, LGBTQ+, and those living in rural and remote areas experience.

Equally important is the need for collaboration among advocacy organizations for effective IPV prevention and response. IPV is a complex issue that requires a multidisciplinary approach, and collaboration across different sectors, including health, justice and law enforcement, education, social services, and the broader community will ensure that survivors receive the support and resources they need beyond the pandemic. Nancy indicated, *"I think…its very useful to have different sectors working together on a coherent strategy, so the labour movement, working with academia, working with the women's movement, with the service providers"*. (Nancy, advocate). Lisa pointed out that more collaboration is needed because *"many people working in this sector are working in silos and don't often get a chance to talk to each other"*. (Lisa, advocate). She added that communication within and between sectors will need to improve to ensure that IPV is responded to collectively in the long run.

Furthermore, advocates voiced urgency for the government to move forward with the National Action Plan to address gender-based violence, including IPV. Nancy noted, *"unless they* [the government] *actually sit down and put the National Action Plan together and agree to it, then we're going to have this piecemeal fragmented approach that's not actually going to address… the long-standing systemic issues that drive the violence"*. (Nancy, advocate). Lisa concurred, *"pushing government to fulfil its commitment to create a National Action Plan, a comprehensive framework that considers all of the root causes and intersecting systems and how they all contribute to gender-based violence. It's definitely not easy. It's a long term plan but if we're serious about this then that's what really needs to happen"*. (Lisa, advocate).

Policy actors also stated that there is a need for trauma- and violence-informed journalism to ensure that the media portrays IPV in a safe manner, minimizing harm for survivors of violence, trauma, and abuse. Michelle noted there are currently discussions and considerations about the possibility of engaging members of the media to develop and implement this approach. This approach recognizes the potential for media coverage

to retraumatize victims and survivors and aims to minimize harm while still providing important information to the public and decision makers, especially regarding the structural and systemic violence that drives IPV experiences and responses, including lack of response for some groups of women. Key strategies of this approach in the context of IPV are to avoid sensationalism, prioritize the voices and experiences of survivors, and provide context and resources for those who may be affected by IPV. Liam added that this systematic, structural and safe approach to journalism and media reporting more generally would help communities who have largely been ignored by the media, including Indigenous women, women of colour, newcomers, and 2SLGBTQ+ communities.

Lastly, IPV cannot be eradicated without a preventative approach. Nancy stressed the need for a comprehensive strategy that includes education, targeted interventions, addressing unhealthy forms of expressing masculinity, engaging men as allies, and promoting policy and systemic changes, *"I think we could… prevent a lot of escalation and injury and death if there were services in place for perpetrators early on that were not linked to getting arrested and convicted because the only services for perpetrators are the services for people who are actually convicted and there's nothing"*. (Nancy, advocate). However, she expressed concerns about resources being allocated to prevention taking away funding from responses to IPV, *"there is definitely a lot of fear among within the sector that more attention to the men and boys initiative is just taking money away from it because it is perceived as zero sum and it absolutely is in this political environment and it shouldn't be, but it is"*. (Nancy, advocate).

Chapter 6

6 Research Question 4 – How did news media framing of IPV interact with policy and advocacy during the pandemic?

The preceding two chapters outlined how IPV was portrayed by the news media, and how advocates and policy actors responded to the challenges posed by the pandemic. In the first phase of the study, IPV was found to be predominantly depicted episodically, as opposed to contextually. However, there seemed to be a shift in how some journalists portrayed IPV during the pandemic. This chapter discusses how the choice between episodic and thematic framing affects policy responses, as perceived by advocates and policy actors. Phase one of the study also found that there was a shift in how some journalists framed IPV during the pandemic. This chapter further examines how the altered framing of IPV during the pandemic may have impacted advocacy and policy responses to IPV.

6.1 Findings

According to Iyengar (1996), there are two principal types of responsibility or accountability attributions: causal and treatment. Causal responsibility deals with the root of an issue, while treatment responsibility is directed towards who or what can resolve the issue. People's responses to questions of accountability are influenced by their political ideology or worldview. So, for example, when media coverage of an issue is episodic, attribution of culpability is substantially more individualistic. Thematic coverage, on the other hand, is more likely to evoke societal attributions. In consequence, media coverage that focuses on specific cases of IPV is likely to encourage viewers to blame an individual survivor/victim or perpetrators, or, equally, use individually-focused factors to exonerate perpetrators and elide social norms as root causes of IPV. Furthermore, it places the responsibility on the individuals to resolve the issue. Thematic media coverage of IPV, on the other hand, for the most part, places the responsibility on society to resolve it.

How media reporting frames an issue influences how audiences interpret and understand it, including language uses, and aspects or issues emphasized or de-emphasized (Bullock 2007, Carlyle et al., 2008; Fairbairn & Dawson 2013). When media reporting frames IPV as a social problem and provides contextual information, it does influence policy discussions and responses, as was described by policy actors. Furthermore, media actors have the ability to portray IPV accurately. Advocates indicated that IPV was portrayed accurately when journalists provided contextual information. Elizabeth noted, *I think generally when the media was talking about systemic issues, they were getting it pretty right. They were going to diverse sources and getting a really good sense of what the issues were and how this wasn't just a personal family issue, but there were ways that the government could get involved"*. (Elizabeth, advocate).

However, most media outlets do not cover IPV in a way that contributes to a better understanding of the problem. Liam stated that this is mainly because the media does not consider IPV as an important problem to report on. He said, *"when it comes to IPV and family violence, I don't necessarily see the media as leading these discussions. They're not setting the agenda because…they only care about…when there's like a shooting involved.* (Liam, policy actor). Lilly provided an example that demonstrated the media's lack of interest in IPV. She explained:

> *"We were putting together an announcement and the Minister was very much interested in announcing this funding... we did a virtual announcement because of the pandemic, and I was quite disheartened to see that while some media did attend, the only question they had for the minister was about directly related to COVID and vaccinations. Rather, it had nothing to do with the heartfelt speeches that had been made by the Minister, as well as the recipient organisations. It was really, it certainly tainted me and my role as a communicator, because what I saw was that the media wasn't really interested in gender-based violence. They showed up at that event to get the ministers ear on something unrelated, which I found very disrespectful"*. (Lilly, policy actor).

However, some advocates stated that IPV became an important topic of discussion for many journalists during the pandemic. Cara attributed this increased interest to IPV becoming more sensational during the pandemic. Nancy and Sarah stated that there was more discussion of IPV because of the increase in the number of femicides. Sarah said, *"the media started picking up on the issue and covering it more and more when the number of femicides started increasing"*. (Sarah, advocate).

Advocates and policy actors expressed concern about the media's coverage and portrayal of IPV as an isolated event. They stated that the media's portrayal of IPV incidents oversimplifies the complexity of the issue and fails to provide a comprehensive understanding of the nature and dynamics of IPV. They noted that journalists often focus on sensational cases of IPV such as physical abuse, while leaving invisible other types of IPV (e.g., emotional and verbal) and contextual information out. Erica noted, *"we challenge them to not talk about gender-based violence as an isolated incident, particularly femicide…they're kind of labeled as specific types of behaviours that occur. But it's not actually looking at the persistent historical pattern that occurs that leads to a more severe incident…so, until the stories and the narratives change on that, we're going to continue to be challenged"*. (Erica, advocate). Cara added that the media has a responsibility to educate the public about the different types of IPV, including the less visible forms. She pointed out that while many in her province recognize physical violence, they struggle to recognize other forms of violence such as emotional and verbal.

One of the most important ways in which media framing affects the public's understanding of IPV is through the use of language (Lamb, 1991; Lamb & Keon, 1995; Meyers, 1996). Policy actors and advocates in this study noted that the media's portrayal of IPV incidents contributes to a culture of silence and shame surrounding the issue. Michelle stated that the media's use of language when reporting on IPV incidents perpetuates myths and stereotypes, which can discourage victims from reporting abuse. She added that these myths and stereotypes (e.g., 'why doesn't she just leave?') contributes to victim blaming, shame, and the fear of not being believed. For example, when the media reports on a femicide, they might focus what an outstanding citizen the

perpetrator was in the community, which creates skewed images of the situation. The language used to describe victims and survivors can also be detrimental to their willingness to report and access services.

Sarah mentioned that efforts have been made in recent years to educate the media on how to report stories related to IPV. She said, "*we've really worked hard in the past couple of years, not only during the pandemic time, but even before to try to teach the media how to convey a story or a crime, or a femicide…that was and still is, to be honest, quite a challenge…they've not always used the right vocabulary*" (Sarah, advocate). Although educating the media on how to report IPV is important, advocates also need training to assist media personnel to portray IPV appropriately. As previously stated, advocates often lack the necessary training to engage with the media and called for more training.

Elizabeth discussed efforts in attempting to address problematic framing and coverage of IPV in the media. However, she stated this has been difficult because journalists are usually not receptive to altering the messaging. She said, *"we will call out [journalists] on social media… when headlines are really problematic or when something has been framed in a really problematic light… if it's something inaccurate and they've interviewed us, we will email them and point this out, and they usually are receptive to that…we've seen that if its like a tone thing…there's usually not as much receptivity from the journalists or from media organizations to make that change".* (Elizabeth, advocate). Liam, policy actor, also discussed the difficulties of changing media messaging and indicated that doing so would require a collaborative effort across different sectors and organizations (such as government departments, researchers, advocacy organizations, and members of the media)

Others expressed concern about the media's selection of sources for information. Nancy, advocate, emphasized the importance of journalists having experts and well-trained individuals available to help the public understand and navigate the complex issue surrounding IPV. While she acknowledged that progress has been made, she noted that there are still pervasive stereotypes and tropes that are difficult to overcome. Cara, another advocate, also emphasized the need for journalist to seek out sources with in-

depth knowledge of the subject matter. She suggested that journalists should consult experts in the field, such as academics, researchers, or individuals with lived experience of IPV. She stated that over-relying on police as a source of information is problematic because they lack the knowledge to provide contextual information when discussing IPV incidents, a key finding from the media analysis phase of this study.

The first phase of this study (media analysis) found police and other justice system personnel to be the sources of choice for journalists and others writing about IPV (Table 3). Of the 366 news articles analyzed in this study, 157 (42.9%) of them referenced either the police, judges, or lawyers. There was a drastic contrast between the type of report and source selection. While 66.3% (n=134) of the articles covering IPV outside of the context of the pandemic referenced justice system personnel, only 25.6% (n=23) of articles did when reporting IPV within the context of the pandemic.

Table 3: Source of information

Source of information	Non-pandemic articles	Pandemic-linked
Police	52	17
Lawyer	50	4
Victim/survivor	48	9
Family	36	6
Perpetrator	34	0
Judge	32	2
Advocate (members from GBV advocacy organizations)	23	57
Politician	19	16
Neighbours	15	1
Friends	11	2
Scientific report	8	13
Scholars	8	8
Health care professional	7	5

Media	1	2
Other (e.g., sports team spokesperson, member of the public not a neighbour or related to victim)	15	4

A policing perspective tended to present IPV as a singular event rather than a societal problem and ignore gender while marginalizing the victim's experience. In addition to providing details about an IPV incident, police are typically the key source of information for the context of IPV (e.g., history of abuse), which largely depends on official records. However, due to the fact that most IPV goes unreported, relying on police accounts fails to accurately capture its extent, impacts or context. For example, an article quoting an officer reported, "*a mother and daughter died as a result of homicide and the male as a result of self-inflicted injury, Supt. Dave Kalist…we don't have any previous family or domestic violence. We are not speculating on why this might have happened.*" ("RCMP says 3 dead in apparent murder-suicide; Mother, 55, daughter, 13, killed by family member who then shot himself", The Toronto Star, May 6, 2020). In this example, the police assumed it was not IPV because they did not have any records of previous abuse. This portrayal fails to address or describe the issue as whole, making IPV seem random when in reality there was likely pre-existing abuse. These portrayals can skew the mindset of the public into thinking that these crimes have no warning signs.

Furthermore, police may lack the necessary knowledge and may be misinformed about the dynamics of abuse to provide contextual information, which can contribute to inaccurately framing IPV and further harming the victim. Here is an example of the police blaming the victim by saying that the victim could have left, "*he noted findings of the review that Ms. LeBlevec could have left after the assaults, but did not so, and that she brought forward allegations of assault because she discovered an alternative love interest involving Constable Logan… also says the commissioner, the discipline authority referred to Constable Logan's submissions that Ms. LeBlevec's actions were inconsistent with someone who feared for her life.*" ("B.C. police watchdog to re-examine assault allegations against Vancouver officer", Ian Bailey, The Globe and Mail, June 3, 2020). This example is particularly interesting because it involves IPV occurring between two police officers and the source quoted in the article being the commissioner. Furthermore,

it speaks to the culture of policing by demonstrating how IPV is viewed in the force, that victim-blaming occurs even within a police department, against a woman officer.

Advocates and policy actors also voiced worry about the news media's failure to report on the IPV experiences of groups facing marginalization, which can have an impact on policy responses. Cara explained that when it comes to reporting on IPV within the LGBTQ+ community, for example, the media is less likely to cover it. Stacey added that Indigenous women are also often overlooked by the media, and when they are portrayed, they are frequently pathologized. Similarly, Liam, policy actor, added that the media tends to focus on white women when reporting on violence and suffering, while downplaying or ignoring the experiences of racialized and Indigenous women. He further stated that while acknowledging the experiences of white women is important, there is a lack of equal representation and coverage for others. He noted that reports on violence against these groups often focus on statistics and collective experiences, rather than highlighting the individual stories of the women affected, which can further feed stereotypes and biases.

Other advocates from GBV advocacy organizations in the news media – which included some from the current study - stated that a lack of available housing options for women experiencing abuse is a critical issue that needs to be addressed. They noted that women who are experiencing abuse often face significant barriers to leaving their abusers, including financial dependence, fear of retribution, and lack of access to safe housing. This is especially true during the pandemic, when the risk of violence increased significantly, and women found it even more difficult to leave their homes. This was consistent with what advocates and most policy actors participating in this study said. Lack of access to affordable housing, safe houses, and fear of leaving their homes due to retribution or contracting the virus presented significant challenges for women and their children to escape violence during the pandemic. For example, in Quebec, advocates in the media stated that there is a dangerous shortage of resources in second stage housing, which is putting women and children at risk during the pandemic. These advocates have been calling on the provincial government to invest in social housing, emphasizing the urgency of the issue, and noting that it has been three years since the government tabled a

strategic plan to combat IPV and develop a network of shelters. The advocates urged the government to act immediately to address the shortage of resources in second stage housing. Although none of the participating advocates in my interviews were from Quebec, they shared similar concerns, indicating, however, that there was little opportunity to advocate for policy responses due to time constraints presented by the pandemic.

Advocates from the Territories called, via media, for a new approach to helping women in rural and remote areas who are experiencing IPV. They raised concerns about the lack of infrastructure and staff at women's shelters in rural and remote areas, particularly in the Territories, to safely house women who are using drugs or alcohol, which is problematic because it fails to consider evidence showing that women experiencing IPV struggle with substance abuse. One advocate said, *"these women are left without safe housing during the pandemic."* ("'Heartbreaking': Yukon women's shelters not set up to house intoxicated women fleeing violence", Karen McColl, CBC News, March 12, 2020). She added that this can put them at risk of further harm and exacerbate the challenges they face in leaving abusive relationships. She called for a more comprehensive approach that takes into account the specific needs of women in rural and remote areas, including the need for safe housing options for women struggling with substance abuse. Advocates in this study also discussed the challenges experienced by women residing in rural and remote areas. They stated that the existing infrastructure in these areas are not designed to support marginalized women, including Indigenous women, women with disabilities and women experiencing homelessness. Several policy actors acknowledged hearing these concerns from advocates, both through the media and directly, which led to prioritize these communities in their policy development.

Advocates in the media emphasized the importance of engaging men in conversation about IPV and working with them to challenge harmful norms and attitudes that contribute to violence, and noting that to effectively address the problem, it is crucial to engage men in efforts to prevent and reduce IPV. This involves challenging toxic masculinity and rigid gender roles that contribute to violence. Toxic masculinity refers to harmful and restrictive stereotypes of what it means to be a man, such as the idea that

men must be tough, dominant, and unemotional. These stereotypes can contribute to violence by encouraging men to use violence to assert their power and control over women. To promote more healthy and positive expressions of masculinity, one advocate in the media analysis suggested working with men to challenge these harmful stereotypes and promote values such as empathy, respect, and equality. This was consistent with what many advocates stated in my interviews, i.e., they suggested that the government should engage men in conversations to develop effective strategies to prevent IPV as it is a "man's" problem. Policy actors, on the other hand, did not identify engaging men as a solution to addressing IPV. Instead, they emphasized the importance of electing political leaders that care about the cause and are willing to address it.

Lastly, many advocates urged the public, including neighbours, friends, family, and co-workers to be vigilant and report any signs of IPV to authorities. They emphasized that the public has a duty to check in with individuals they suspect may be experiencing IPV. In order to help people intervene safely, advocates provided information about signs of abuse (e.g., being less social than normal), provided a list of example questions that could be asked and shared contact details for services that can offer assistance in supporting survivors. Advocates in this study also discussed undertaking public advocacy initiatives through the media to urge the public to intervene. They highlighted the importance of public intervention during the pandemic, as women and their children were isolated with their abuser and cut off from the outside world. Many participants reported shifting their focus from policy advocacy to public advocacy due to these concerns. They engaged with journalists, more than they normally would, to raise awareness and provide contact information for services that can provide help. Policy actors that participated in this study, on the other hand, utilized various forms of media such as news and social media to communicate to survivors and victims that assistance was available to them and that they could seek refuge outside of their homes if they were in danger.

Chapter 7

7   Discussion

As one of the primary gatekeepers of information, the news media, and mass media more generally, play an important role in how social issues such as IPV are understood. Through news reports, opinion pieces, and other forms of coverage, media outlets can educate the public and policymakers about IPV, its impact on individuals and society, and the need for action to address it. The media can raise awareness about IPV by reporting on incidents of violence and abuse, while giving voice to the experiences of victims and survivors. This reporting can help to dispel myths and misconceptions about IPV and increase public understanding of its causes, consequences, and potential solutions. Moreover, the media can play a critical role in shaping policy by influencing public opinion and policymakers' attitudes towards IPV (Bullock & Cubert, 2002; Carlyle et al., 2014; Gillespie et al., 2013). By reporting on the issue in a thoughtful and informative way, media reporting can help create a sense of urgency around IPV and increase public support for policies and programs aimed at preventing it. At the same time, inadequate or inaccurate reporting may serve to further reinforce stereotypes in the public eye, shift accountability from abusers, and erase women's experiences.

With an increase in IPV prevalence and severity during the COVID-19 pandemic along with increased media coverage, the present analyses indicate a potential shift in how the issue was portrayed by some new media sources. However, while this shift was necessary, it was insufficient. No published studies have explored how media reporting framed IPV during the pandemic in Canada. This study addressed this gap by analyzing IPV coverage across major news sources, then sought to explore how advocates and federal government actors responded to IPV during the pandemic. Lastly, although it is known that the media reporting plays a significant role in raising awareness around social issues and placing pressure on public officials to respond to them, it was unknown how and/or if media framings of IPV influence policy development. Thus, this study also sought to address this gap by exploring advocates' and policy actors' perceptions and experiences of how (and if) media reporting impacted policy discussions and decisions during the pandemic.

How IPV is defined and understood by the media is problematic: one step forward, two steps back

How IPV is defined affects how it is understood, measured, and subsequent policy decisions regarding funding and legislation (Nicolaidis & Paranjape, 2009). Since the 1970s, two perspectives have shaped how IPV is defined and understood. The family violence perspective (FVP) views IPV as one aspect of the larger issue of family violence and not qualitatively different from violence between other family members (Gelles & Straus, 1979). The FVP assumes that IPV is a private family problem that must be addressed by the those involved. The feminist perspective, on the other hand, views IPV as being rooted in gender norms and patriarchal systems that increase women's risks of experiencing it (Dobash et al., 1992). The feminist perspective rejects the FVP notion that IPV is a private matter and argues that it must be addressed by the community and society as a whole.

In this study, different social actors had varying definitions and understandings of IPV. Journalists tended to align with the family violence perspective, which conceptualizes IPV as one of many forms of violence that can occur within families. On the rare occasions journalists provided a definition, it was often combined with other types of family violence, such as elder abuse or child maltreatment. This indicates that journalists, for the most part, do not view IPV as a unique and distinct form of violence but rather as one aspect of a broader pattern of family violence. This alignment with the family violence perspective has implications for how the public understand the issue. It can lead to a lack of focus on the unique dynamics and experiences of IPV, as well as failure to recognize the particular harms and risks associated with this type of violence. It can also perpetuate the myth that IPV is a private matter that occurs only within the confines of the family, rather than a public health and safety issue that affects individuals and communities more broadly.

Interestingly, however, there was an apparent shift in the way journalists and other media writers portrayed IPV during the pandemic. Some began to label IPV as a pandemic for the first time (3%, n=11). This is noteworthy because it suggests a new understanding

and framing of IPV. By using the term "pandemic" to describe IPV, media writers highlighted the widespread and pervasive nature of the issue. They also drew attention to the fact that IPV, like a pandemic, has the potential to affect large numbers of people and can have devastating consequences for individuals and communities. This shift in framing also indicates that some writers are beginning to perceive IPV through a different lens, one that goes beyond the traditional family violence perspective, recognizing IPV as a public health and social issue that requires attention and action at all levels of society. While it is important to note that only a few articles labelled IPV as a pandemic, this shift in framing is significant. It suggests that there is a growing awareness and understanding of the complexity and scope of IPV, and that journalists and editors are beginning to play a role in shaping public perceptions and policy responses to this issue.

Despite these potential gains in media reporting, across all news sources, IPV was mainly framed as physical violence (including femicide), while leaving invisible common forms of violence such as coercive control, and psychological, emotional, verbal, and financial abuse. Overemphasizing physical violence further leads to the misconception that most IPV is physical or leads to death; death resulting from IPV represents only a small number of incidents, or the end of a longer pattern of abuse and control (Sutherland et al., 2015). Furthermore, while physical violence can have severe consequences, emotional and verbal abuse can have similar or more severe impact. Making invisible these pervasive forms of abuse can contribute to survivors not seeking support, and society not recognizing and responding to them, including in law.

Furthermore, despite some media articles framing IPV as a gendered societal problem that disproportionally impacts women, they seldom mentioned how IPV is experienced by people from marginalized groups. Only a handful of articles focused on IPV experiences of equity deserving populations, including Indigenous women, women of colour, disabled women and members of the LGBTQ community. The interconnectedness of oppression based on gender, race, and other characteristics is central to understanding gender-based violence (Meyers, 1996). Other studies have also found a lack of coverage of marginalized women's experiences of IPV. For example, a study conducted by Estes and Webber (2021) that examined news media coverage of

same-sex IPV in the U.S. over a ten-year period found only 25 articles covering it. When they did cover it, they tended to frame it as "unusual" (Estes and Webber 2021), confirming that it is not framed as a social problem. Similar results were found in the U.K., where no articles in a specific newspaper outlet covered IPV in same-sex couples between February 2001 and December 2011 (Lloyd & Ramon, 2017).

A lack of coverage undermines the legitimacy of IPV as a social problem in these groups and further perpetuates invisibility and inequities (Lloyd & Ramon, 2017). Both advocates and policy actors expressed concern about the lack of coverage of the experiences of women from marginalized groups, which can lead to further discrimination and exclusion. This marginalization may lead these women to fear or avoid reporting or help-seeking, resulting in an overall underreporting of violence and, in turn, less news media coverage. Furthermore, by ignoring these experiences, valuable opportunities are missed to bring attention to the issue as well as provide resources for those who are experiencing violence within different contexts.

Nature of the problem: the continued blind eye

According to Iyengar (1996), causal responsibility pertains to assigning fault for the underlying cause of a problem, while treatment responsibility relates to identifying who or what can address the problem. He notes that people's political ideology or worldview can impact how they attribute responsibility, with those who have individualistic beliefs more inclined to assign blame to individuals rather than broader social structures or institutions. Additionally, he contends that when news coverage of a political issue is episodic, meaning it concentrates on specific incidents instead of wider trends or patterns, individuals are more prone to assigning blame to individuals rather than broader social structures or institutions. This is because episodic news coverage often emphasizes individual actions and consequences, rather than systemic or structural factors that may contribute to the issue.

In this study, how IPV was framed largely depended on the context within which it was reported, and who comprised the sources sought out by media writers (see below). Articles that did not link IPV to the pandemic tended to frame it episodically (73.8%).

They provided information that portrayed IPV as an isolated, private, and individual problem that needed to be addressed by the individuals involved. These articles framed IPV in a similar manner as found in previous studies, linking IPV to mental illness, drug or alcohol use, stress, troubled individuals, anger/argument. (Bullock & Cubert, 2002; Gillespie et al., 2013; Karlsson et al., 2021). These articles tended to deny the abuse, blame someone else, memory loss or unconsciousness, insinuating/claiming false accusations, and stating that the act was noncriminal or without intent, alongside quotes from lawyers or judges claiming or insinuating that women lie about violence. This theme did not try to explain IPV but rather disprove it (Karlsson et al., 2021).

On the other hand, the approximately one quarter (26.2%) of articles examined that linked IPV to the pandemic tended to frame it as a social problem that is caused by societal level factors such as patriarchy, gender inequity, and gender norms, and that needs to be addressed by the broader community (Carlyle et al., 2014; Fairbairn & Dawson, 2013). This suggests that some journalists recognize that IPV is influenced by larger social forces, and systemic problems rather than solely placing blame on individuals. They also understand the importance of addressing underlying these structural factors to effectively prevent and address IPV. This recognition prompts a call for collective responsibility, urging society as a whole to acknowledge and tackle IPV in order to foster a safer and more equitable environment.

Some articles (6.6%) minimized the seriousness of men's violent behaviour by incorporating descriptions of female victim's actions without providing context about the relationship. This finding is consistent with previous studies (Gillespie et al., 2013; Richards et al., 2011; Taylor, 2009). For instance, there were many examples where a woman was blamed (e.g., she provoked him) by the perpetrator, defence attorney of the perpetrator, the police, and in some cases, a service provider. Abusers manipulate their victims by lying about problems in their relationship and convincing them it is their fault (i.e., 'gaslighting'), and that if they would just do what the abuser wants them to do, then the abuse will stop. This reinforces the abuser's control over their partner and can lead to further isolation for victims (Klein et al., 2022). When journalists provide distorted perceptions of IPV, such as "why doesn't she just leave" or "she provoked him", or "she

didn't get a restraining order," society begins to construct the idea that IPV is not a serious crime and that women are responsible for being abused (Gillespie et al., 2013).

Previous studies have also found IPV being explained as behaviour undertaken by individuals with criminal tendencies, implying that IPV is only committed by "troubled" or "flawed" people (Bullock & Cubert, 2002). A number of articles in this study provided a history of the perpetrator's criminal past (e.g., theft and mischief, assault on the police, etc.) (5.4%, n=21) in a way to suggest that IPV was just another crime that they committed. A history of the abuse perpetrated by them against their partner (past or present) was rarely provided. However, implying that IPV is only committed by "troublemakers" or "flawed" individuals distorts the public's perception of what a perpetrator looks like. IPV can and does happen across all communities and socioeconomic groups, not just troubled individuals with a criminal history (Sardinha et al., 2022).

Both advocates and policy actors interviewed in this study stated that the media generally frames IPV episodically. They expressed concern about such framing contributing to a misunderstanding of the issue and its impact on help seeking behaviour. However, they observed positive changes in the media's coverage of IPV during the pandemic. Advocates stated that there was increased interest from journalists in not only learning about how the pandemic was impacting victims and survivors of IPV but also how it was affecting available services. They stated that this may have contributed to better reporting during the pandemic. Policy actors also observed a positive shift in how the media framed IPV during the pandemic. They indicated that the media did a better job of representing the complexities and nuances of IPV, which had significant implications on policy responses. Advocates and policy actors stated that the media's coverage of IPV has contributed to a better understanding of the issue by the public.

Discursive interventions of social actors: who framed IPV and how?
As noted above, who journalists select as their source of information speaks to their ideology on IPV (Gillespie et al., 2013). Through selecting particular authorities as sources, reporters grant them framing power. Framing power can be defined as "the

capacity of one actor for conveying her/his views and positions through the media, by having them represented by journalists either in the form of quotes or regular texts" (Carvalho, 2013: 168). Although sources are crucial to building a journalist's authority, validity, and credibility, they can serve to further the social dominance of some groups (Franklin & Carlson, 2010; Simons & Morgan, 2018). With respect to IPV, sources are situated in various gender, class and racial dynamics, thereby influencing which narratives and voices are acknowledged and legitimated and which ones are not (Franklin & Carlson, 2010).

One key determinant of who becomes a news source and thus acquires voice and involvement in news content is the extent to which different social actors are perceived by journalists as credible (Detjen et al., 2000). Source credibility is an important factor in source selection (Gans, 1979; Goldenberg, 1975; Manning, 2000), since it prevents the need for laborious research to determine whether a certain source is reliable (Jackob, 2008). This viewpoint asserts that journalists use source trustworthiness as a productivity indicator: the more reliable the source, the laxer the accompanying production standards (Fishman, 1980; Gans, 1979). Strictness, in this context, refers to a set of journalistic procedures, such as cross-checking, relying on additional sources, and using less anonymity in an effort to give the ascribed source some accountability (Allan, 1999).

Various source characteristics, such as role (e.g., senior source or public relations practitioner, police), a sector in society (e.g., political or criminal-justice sector), resources and symbolic assets and even the communication channels through which information is obtained are said to be associated with journalists' perceptions of source credibility (Gitlin, 1980; Reich, 2009; Schlesinger, 1990). Public authorities, particularly senior ones, appear to be the most reliable sources (Fishman, 1980; Niblock & Machin, 2014), followed by, at least before the COVID-19 pandemic, academics, not-for-profit sources, as well as medical professionals (Cottle, 2000; Detjen, 2000; Rouner, 2008). Business sector sources, public relations experts, politicians, and regular individuals are given less credence (Gans, 1979; Niblock & Machin, 2014).

Previous studies, as did I, have found law enforcement and other members of the justice system often being used as the main sources of information by journalists when reporting IPV (Meyers, 1997; Richards et al., 2011; Fairbairn & Dawson, 2013; Sutherland et al., 2015; Taylor; 2009). This is problematic because the perspectives of individuals from these sources often conflict with those of social service agencies, advocates, and academics as they tend to offer overly simplistic descriptions that are episodic (e.g., victim blaming) (Taylor, 2009). Police reports of IPV is limited by the information that they collect. The type of data they report is tied to the information they have access to (e.g.., reported incidents, arrests and charges, protection orders, and homicides – all of which make up a small proportion of overall IPV incidence) and the nature of their involvement in IPV cases.

Due to this limited information, police frames typically describe IPV as singular events rather than a societal problem and ignore gender while marginalizing the victim's experience (Meyers, 1997). Police sources rarely frame IPV as a social issue and rather defer to more individualized accounts (Wozniak & McCloskey, 2010). Advocates in this study indicated that the media's selection of police as a source of information is problematic because they lack the expertise to provide contextual information. They stated that while the police can provide information about specific IPV incidents, they are not able to place them within a broader context, which can impact how the public perceives IPV.

Trends in the current study regarding sources used by journalists mirror those in other studies where criminal justice personnel are disproportionately referenced for information about the victim and perpetrator (Bullock & Cubert, 2002, Richards et al., 2011; Fairbairn & Dawson, 2013). In their study, Richards and colleagues (2011) found only 6% of articles referenced advocates or shelter workers. In a Canadian study, Fairbairn and Dawson (2013) found that 46% of the sources cited in the news reports were the police, while the voices of advocates, service providers, and researchers were not found in any of the news articles. The findings in this study were similar and dissimilar to previous studies in that 31.2% of reports cited police. Overall, journalists tended to reference justice system personnel (e.g., police, judges, and lawyers) when discussing

IPV outside of the context of the pandemic and advocates when reporting on IPV within the context of the pandemic.

Interestingly, however, there seemed to be a potential shift in how the police framed IPV when articles discussed it within the context of the COVID-19 pandemic. For instance, one article referencing a police officer reported, "*without question, there's a direct correlation between the increased number of domestic violence incidents that are being recorded and the societal pressures being created by the pandemic.*" ("Domestic violence more severe during pandemic, Edmonton police data shows", CBC News, April 1, 2021). In this example, the police officer is providing contextual information about IPV by noting how the pandemic is exacerbating it. While the use of a social context frame to describe IPV is promising for the accurate transmission of information regarding the problem, the majority of articles were not written using this frame, especially when the police or other criminal-justice actors were referenced. Thus, there remains a critical disconnect between coverage of individual incidents of IPV and the broader social problem of IPV. Proper contextualization is necessary for educating the general public about the nuances of IPV.

While IPV tended to be framed as episodic when the source of information was members of the justice system, it tended to be framed thematically when the source of information was an advocate. Research shows that articles that highlight advocates' voices tend to be more realistic about IPV and provide a more reliable representation of what occurs in abusive relationships (Slakoff et al., 2020). This study found similar results. When articles referenced advocates, IPV was framed as a social problem and labeled as a "shadow pandemic", "silent pandemic", or "double pandemic" that needed to be addressed by the community or by government policies, such as funding. They provided information that explained the complexities and nuances of IPV and provided contact information to shelters, hotlines, and other resources. Interestingly, when advocates were referenced in non-pandemic linked articles, they tended to discuss the broader systemic issues that contribute to IPV and need to be addressed (e.g., housing instability, funding for the sector, lack of capacity, etc.). When they were referenced in pandemic-linked

articles they explained how the pandemic was exacerbating these existing issues while also discussing its impact on individuals.

Articles that referenced advocates made the greatest effort to accurately portray the victims' experiences as well as the complexity of IPV. Findings related to this frame suggest that the media's tradition of treating IPV as an individual issue may have shifted. By using this frame, journalists and, by extension, media consumers/the general public, are forced to consider the role society places in both perpetuating and preventing violence (Gillespie et al., 2013). Moreover, it was important that advocate quotes were included in media stories about IPV and the pandemic because it provided readers an inside look as to what care providers were doing (and thinking) during the pandemic. Advocates are often very close to IPV victims, and they help survivors get the services they need. Moreover, advocates described how self-isolation and social distancing was putting victims in constant danger. They described how the context of IPV changed during the pandemic. For instance, victims having to find alternative ways to seek help and try to maintain situations of calm at home. Additionally, they described how shutdowns and new regulations led many individuals to lose their jobs or begin working from home, which placed them in greater danger.

Atypical advocacy and federal policy responses to IPV during the pandemic

The COVID-19 pandemic has greatly affected advocates who play a vital role in providing assistance to victims and survivors of IPV both individually and within the system. The COVID-19 pandemic added significant barriers and stressors on the already taxed IPV care infrastructure that was struggling to address IPV (a pandemic on its own) (Mantler et al., 2023). Navigating and responding to a new pandemic on top of a pre-exiting pandemic has had significant consequences for the organizations and individuals working in the sector. This study and other emerging studies found staff burnout, difficulty navigating constant pandemic rule changes, substantially decreasing physical space to comply with COVID-19 mandates and transitioning to online service delivery as major challenges experienced during the pandemic (Burd et al., 2022; Mantler et al., 2022; Mantler et al., 2023; McLean & Wathen, 2022; Wathen et al., 2022).

While the pandemic presented various challenges for staff and organizations in carrying out their work, it also presented challenges for those doing advocacy work at a system level. Advocates in this study expressed concerns about the inability of GBV/IPV infrastructure to meet the increased demand brought by COVID-19 and highlighted having to shift their advocacy work. Under normal circumstances, most advocates in this study engaged in work that aimed to amplify the collective voices of GBV organizations through research, education, policy, and advocacy across Canada to address systemic and structural causes of IPV. However, during the pandemic, most were unable to undertake these activities. Instead, they had to spend most of their time assisting service providers to ensure that organizations received emergency funding, protective equipment (e.g., masks, gloves, etc.), clarity around constant changing COVID-19 guidelines, and assisting organizations to transition to virtual modes of service delivery.

Moreover, advocates had to shift their focus from policy advocacy to public advocacy. They stated that they had to focus on educating the public about IPV rather than advocating for systemic and structural changes needed to address it. Most participants indicated that it was important to explain the types of IPV, its complexity and nuances, and why women stay in abusive relationships because the public lacked this knowledge (Sokoloff & Dupont, 2005). Both advocates and policy actors were concerned about women not being able to seek support during lockdowns due to believing that shelters and other services were closed or at capacity and/or being stigmatized for disclosing/seeking help by their abuser, family members, friends, or colleagues.

In general, friends and female family members are the most commonly used informal sources of support and are perceived as the most beneficial or supportive (Sylaska & Edwards, 2014). Victims and survivors tend to find emotional support the most helpful reaction following disclosure, while disbelief and victim-blaming are viewed as the least helpful reactions (Sylaska & Edwards, 2014). Beaulaurier et al., (2008) found that friends and family members are often not supportive when abuse is disclosed. Several studies have shown that negative reactions to abuse disclosures, such as blaming, judging, or not believing, can prevent victims and survivors from seeking help (Fugate et al., 2005; Lutenbacher et al., 2003; McCauley et al., 1998). Research has also found that positive

informal support can lead to increased help-seeking from professionals (Coker et al., 2002, 2003; Goodman et al., 2009; Plazaola-Castano et al., 2008).

With women confined with their abuser and cut off from the outside world, advocates reported utilizing multiple forms of media (e.g., television, newspapers, radios, and social media) to provide contextual information about IPV (e.g., what it entails, types, consequences, etc.), information about signs of abuse (e.g., not responding to phone calls, behaving differently than usual, etc.), how to provide emotional support, and shared contact details for services that can help in supporting survivors.

The government's response to IPV during the pandemic was also atypical. The efficiency with which funding was made available to advocacy organizations surprised advocates and policy actors alike. This finding was similar to what Mantler and colleagues (2023) found in their study. Not only was the increase in funding surprising, but the change in accountabilities surrounding funding was equally surprising. Participants in this study stated that requirements for funding changed from rigid pre-pandemic "line-by-line" budgeting, to being given full autonomy on how to spend money; this was something they had not experienced before.

The increased and more flexible funds provided during the pandemic made a significant difference and was appreciated by advocates across the sector (Mantler et al., 2022). However, it was merely a temporary solution to a historical and ongoing problem. Many advocates were concerned that the funding would revert to the old ways once the pandemic subsided. In their study, Mantler and colleagues (2023) found advocates from GBV/IPV organizations shared similar concerns. In fact, they reported that some executive directors noticed the funding model reverting to the previous more rigid approach as the pandemic progressed.

The media's impact on policy development

In the area of policy-making, research has found that the news media can contribute to agenda-setting for policymakers, and the larger public, by highlighting newsworthy issues at a particular time (Carlyle et al., 2008, 2014; Gillespie et al., 2013; Lancaster et

al., 2011; Maxwell et al., 2000). The news media can influence policy decision making and the public's perception of social issues, such as IPV, by communicating aspects of a perceived reality experienced by certain groups (Entman, 1993). Another way that the media can influence policymakers is by shaping public opinion, which in turn, places pressure on policymakers to respond (Buse et al., 2012).

Evidence suggests that decision makers believe the media has a substantial influence on the attitudes and preferences of members of the public (van Aelst et al., 2008). Schudson (1995) stated that direct influence of the mass media might not be as powerful as the perception of politicians that the mass media have a significant impact on public opinion (Schudson, 1995). Gunther & Storey (2003) labeled this indirect effect "the influence of presumed influence": because you perceive the media to influence the behavior of others you will react to that perception. Due to this phenomenon, the news media's influence becomes a self-fulfilling prophecy where politicians believe the media matters and hence act accordingly.

This study found conflicting results specific to this presumed influence. Some policy actors stated the media does not directly impact policy agendas. Instead, they indicated that the media influences policy directions indirectly by shaping public opinion. They noted that when the media covers an issue substantially, it places pressure on the government to react because they do not want to be perceived by the public as not doing anything about an issue perceived to be important. Others, however, indicated that it does directly influence policy directions because the media is used as a source of information. Some participants noted that their daily work consists of scanning news articles to identify issues relevant to their area of work. This practice is defined as information processing – collecting, assembling, interpreting, prioritizing, and reacting to signals from the environment – by Jones and Baumgartner (2005). For instance, one participant noted that they scanned news articles daily to identify issues about IPV locally, provincially, nationally, and globally. When an important issue was identified, they conducted additional research and then pushed it forward to those in decision making roles.

This finding is interesting because most participants indicated that they used the media to gather and process information about IPV during the COVID-19 pandemic because they couldn't monitor what was going on with much of society shut down. They said that the media became an important tool in learning about the impact of the pandemic on victims/survivors and service providers. Participants explained that the media helped with identifying what issues needed immediate policy responses. For example, the media reporting on the impact of the stay-at-home orders on survivors was noted to be important in creating new public announcements about the orders not applying to those in unsafe homes. Furthermore, the media reporting on the increased demands for IPV services and the sector's heightened challenges to meet these demands created an urgency to allocate funds expeditiously compared to prior practices. This indicates that the media does influence policy development when it repeatedly focuses attention on certain issues, including IPV (Baumgartner & Jones, 2010; Esser & Pfetsch, 2004).

Policy responses and public support for victims and survivors of IPV depends in part on how the media frames the issue, which can influence the direction of policy by pulling values and/or emotions into the discussion. A frame is ''a central organizing idea for making sense of relevant events and suggesting what is at issue'' (Gamson & Modigliani, 1989, p. 157). The effectiveness of frames is found in their ability to make certain representations more relevant, thereby increasing the chances that certain interpretations will be evoked. Frames exist in the properties of news narratives, thus encouraging certain interpretations and understandings of issues. The repetitiveness with which these frames are presented to the public then shapes their views on the issue (Sieff, 2003). The more commonly an issue is framed in a specific way, the more likely it is for people to adopt the media's frame for it. For instance, the more the media frames IPV episodically, the less likely it is to receive a coherent and sustained policy response (Carlyle et al., 2008).

The findings in this study suggests that how the news media frames IPV can and does influence policy development and responses in this area. All advocates and most policy actors indicated that media framing of IPV impacted policy responses during the pandemic. They stated that media provided contextual information and identified

potential solutions to responding to IPV during the pandemic, which resulted in efficient government response in the form of providing funding. They also emphasized the importance of news media continuing to provide contextual information and present potential solutions to IPV beyond the pandemic because it can contribute to a better understanding of the problem and ultimately responses. Participants also suggested that journalists and other media writers should avoid framing IPV in episodic and sensationalistic ways because these are harmful to victims and survivors and less likely to lead to a response as they not explain the scope of the problem, its impact, causes, consequences, and/or potential solutions.

7.1   Limitations

Part one of this study (media analysis) was limited by a few factors that will be discussed in this section. Random sampling is a popular approach in media content analysis, which can yield a sample that represents the content as whole. However, random sampling may not always reflect the diversity of media content accurately, and a sample of random content may not be extensive enough to capture all intricacies and complexities of how an issue like IPV is reported (Babbie & Benaquisto, 2008). Additionally, media content analysis is often subjective, as researchers must make decisions about what to analyze and how to interpret their findings, which can lead to different researchers reaching different conclusions based on the same data. However, the findings of the media analysis are quite consistent, especially in articles that did not link IPV to the pandemic, as findings from similar studies pre-pandemic, indicating consistency and trustworthiness, at least to a certain extent. Also, the resonance of the media analysis findings with the analysis of interviews lends further strength to my findings.

Another limitation of this study was the sample being limited to news media. While news media are an important source of information, they are not the only way that people learn about IPV. Entertainment media, for example, can also play a significant role in shaping people's attitudes and beliefs about IPV. Social media has also become a significant source of information, with many people getting their news and other information from social media platforms. These platforms (news, entertainment and social media) also now

blend in ways that are seamless to the user, and difficult to disentangle. Therefore, it is important for future studies to investigate IPV in these other forms of media to gain a more comprehensive understanding of how people are exposed to and influenced by information about IPV.

The purpose of part two of this study (interviews with advocates and policy actors) was to explore the impact of news media's framing of IPV on advocacy and policy development. As with any interview study, participants self-selected, thus their insights represented particular roles and involvement in the advocacy and policy processes. More interviews with others involved in these processes, and especially policy actors in more senior decision-making, and even political roles, could enhance the findings and shed light on how news media impacts other stages of the process. In sum, IPV is a complex problem that is responded to by professionals across different sectors. This study presented the perspectives of specific policy actors and advocates only. More studies are needed to understand the media's impact in other contexts.

7.2   Future Research

This is the first study of its kind to explore the news media's framing of IPV during the COVID-19 pandemic and its impact on advocacy and policy development. Media content analysis has traditionally focused on analyzing the content itself, but there is a growing need to understand how media content affects audiences. Carvalho (2008) states that many approaches to media analysis go above and beyond merely analyzing the text, requiring an examination of different social activities outside its scope. There is currently a dearth of literature on how the media impacts policy process and response in Canada. Few studies have gone beyond looking at how the media can influence policy agendas. While the findings in this study suggests that the media does influence policy processes, more research is needed to confirm this.

Participants in this study noted that there were improvements in how the news media portrayed IPV during the COVID-19 pandemic, which may have enhanced people's understanding of the issue - an encouraging finding. However, as noted previously, further research is needed to determine if this shift in media coverage has had a lasting

impact on public understanding – generally or among specific sub-audiences - of the complexities and nuances of IPV. Moreover, it is crucial to examine whether this enhanced understanding of IPV has translated into increased awareness of IPV experiences among survivors from marginalized communities, as previous studies have indicated a lack of representation in this area.

Additionally, there is a need to examine how the media continues to frame IPV beyond the pandemic. While the pandemic has brought much-needed attention to this issue, it is essential to sustain this momentum and ensure that the media continues to report on IPV in a way that is accurate, sensitive, and effective. Research in this area might focus on tracking changes in media coverage and framing over time, examining whether media outlets continue on this newer path, or revert to older, less helpful approaches. Such research could help policymakers and advocates better understand how to work with the media to promote positive and accurate depiction of IPV and support ongoing efforts to prevent and respond to violence in relationships.

Furthermore, to gain a more comprehensive understanding of how IPV is framed in the media, it is important to expand the scope of analysis beyond traditional media platforms. While newspapers, television, and other established media sources have typically been the main focus of media content analysis, it is becoming increasingly clear, as noted above, that social media influencers, online forums, and blogs are also important sources of information and opinion for many people. By analyzing content from a broad range of sources, researchers can gain invaluable insights into how various groups and communities understand and respond to IPV. For example, social media influencers may offer unique perspectives on the issue, drawing on personal experiences or engaging with their followers in ways that are different from traditional media outlets. Similarly, online forums and blogs may provide a platform for survivors of IPV to share their stories and connect with others who have had similar experiences. Expanding the scope of media content analysis in this way can help researchers to identify patterns and trends that may be missed by focusing solely on traditional media sources. It can also provide a more nuanced understanding of the ways in which public discourse on IPV is evolving over time and across different communities.

Finally, future studies should analyze media content within each wave of the pandemic separately, paying attention to the specific context and events during that period to identify patterns, trends, and differences in the evolving nature of the pandemic. Studies should take into account external factors that may have influenced media coverage or public perceptions during each wave. These could include policy responses, public health guidelines and other significant events related to the pandemic. Additionally, future studies should analyze the temporal patterns and changes in the coverage of IPV cases to understand how coverage can change over time and impact public perception or responses.

7.3   Implications for Practice and Policy

The COVID-19 pandemic highlighted and heightened pre-existing inequities and structural challenges in the IPV care infrastructure. Services such as shelters and outreach counselling had to reduce capacity or, in some cases, fully shutdown, which impacted their ability to provide essential services for victims and survivors of IPV during a time of great need. IPV against women is a pandemic and must be responded to as such. Indeed, the infusion of funds during the pandemic was significant, but as was noted by all advocates in this study, there is concern that this was temporary. Complex social issues cannot be resolved with band-aid responses. All levels of government should develop plans that not only improve the sector's ability to respond efficiently and effectively, but long term-solutions that addresses the underlying systemic factors that cause it and enable IPV. Solutions need be developed in collaboration with all sectors that are responsible in addressing IPV. Advocates and policy actors emphasized the importance of a collaborative approach. Advocates indicated that advocacy organizations are working in silos, which is limiting their ability to address IPV more holistically. Similarly, policy actors indicated that departments within the government are operating in silos. They stated that this limited their ability to collectively identify solutions during the pandemic.

Furthermore, the COVID-19 pandemic highlighted the need for a contingency plan pertaining to policy development and responses during emergencies. From my discussions with policy actors, it became evident that the standard policy process was not sufficient during the pandemic. While policies should be developed thoroughly under

normal circumstances – which can be time consuming – a contingency plan is required to respond efficiently and effectively when circumstances dictate speed.

Moreover, this study found the media played a significant role in raising awareness about IPV and its impact on survivors and service providers. How journalists portray IPV has implications for how it is understood and addressed. Although there seemed to be a shift in how some journalists portrayed IPV during the pandemic, harmful narratives (e.g., 'she provoked him') were still quite prominent during the pandemic. "These kinds of beliefs, articulated in everyday media narratives, have real impacts on people's lives" (Wathen & Carswell, 2023, p. 215). For victims and survivors, this can cause harm and prevent them from seeking help. For the broader the community, this can lead to stigmatizing beliefs and misconceptions (e.g., IPV being a private problem). Journalists, editors and other media writers are encouraged to take a trauma- and violence-informed (TVI) approach when reporting on IPV. By using sensitive language, focusing on the impact of trauma and structural violence on survivors of IPV, avoiding graphic details, and providing context, they can promote understanding, empathy, and healing (Gilmore, 2019).

While journalists can implement a TVI approach when reporting IPV, advocates and government officials can also play a role in countering harmful narratives. However, as advocates indicated in this study, media advocacy is a difficult task that requires resources and special training, which is currently lacking.

7.4   Conclusion

The news media is an important source of information for the public and how it presents information can greatly influence public opinion and policy development. This research study investigated how the news media framed IPV during the COVID-19 pandemic and how this framing impacted advocacy and policy responses to IPV. The study revealed that IPV was frequently depicted as an individual and isolated incident. However, there was an increase, among articles that linked IPV directly to the COVID-19 pandemic, in presenting IPV in a broader context, which included highlighting the experiences of survivors and the challenges faced by service providers during the pandemic. By presenting IPV in this more contextual manner, the news media portrayed the issue as a

social problem that required a systemic response. This increased focus on contextual framing helped foster a sense of urgency for the government to take action and develop policies to address IPV during the pandemic. The findings suggest that the news media played an important role in shaping public discourse and policy development related to IPV during the pandemic.

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Appendices

Appendix A: Search Terms

Search 1 – Factiva:

(domestic abuse or (domestic near3 violence) or domestic homicide$1 or domestic killing$1 or domestic disturbance$1 or (abusive near2 (husband$1 or relationship$1 or partner or partners or boyfriend$1 or boy friend$1 or boy-friend$1 or spouse$1 or girlfriend* or girl friend* or girl-friend* or exwife* or exwive* or exhusband* or exspous* or expartner$2 or exboyfriend* or exgirlfriend* or (former adj1 (husband$2 or wife$2 or wives$1 or spous* or boyfriend* or boy friend* or boy-friend* or girlfriend* or girl friend* or girl-friend*)))) or intimate partner violence or IPV or ((wife or wives) near2 (beat or beater or beaten or beats or beaters or batter* or assault* or kill* or murder* or homicid* or abuse)) or ((partner or partners or spousal or "partner-on-partner") near2 (abuse or violence or kill* or murder* or homicid* or assault*)) or family violence or (sexual adj2 (violence or abuse or assault or assaults)) or intimate terrorism or femicide or violence against women or genderbased violence or gender-based violence or gender based violence) or revenge porn or revenge pornography or "clare's law" or intimate images or intimate video or intimate photos or intimate photographs or sextortion or ns=gdomv

Search 2 & 3 – Press Reader and Nexis Uni

Due to the search function limitations in the Press Reader and Nexis Uni, searches included the use of phrases and terms specific to the concept, including domestic violence, domestic abuse, domestic assault, domestic killing, domestic homicide, domestic disturbance, intimate partner violence, violence-against-women, gender-based violence, femicide, family-violence, sexual violence, sexual abuse, sexual-assault, revenge-porn, "Clare's law", intimate images, intimate-video, intimate-photo, sextortion, and wife-beater.

Search 4 – Google

The following search strings were used in Google.

Search	CBC News	Global News	CTV News
Search engine Search limits: March 11, 2020 to September 30, 2021	Google	Google	Google
Domestic-violence OR domestic-abuse OR domestic-assault OR domestic-killing OR domestic-homicide OR domestic-disturbance OR "violence against women" OR gender-based-violence OR "intimate partner violence" OR family-violence	301	300	289
sexual-violence OR sexual-abuse OR sexual-assault OR sexual-assaults OR femicide OR revenge-porn OR revenge-pornography OR "clare's law" OR intimate-images OR intimate-video OR "intimate photos" OR intimate-photographs OR sextortion	300	315	287
(wife OR wives) AND (beater OR beaten OR beat OR beating OR batter OR batterer OR assault OR kill OR killer OR murder OR homicide OR abuse)	284	213	228
(abusive OR abuse) AND (husband OR relationship OR partner OR boyfriend OR spouse OR boyfriend OR girlfriend OR ex-husband OR ex-wife OR ex-spouse OR ex-partner OR ex-boyfriend OR ex-girlfriend)	296	282	255
(husband OR wife OR wives OR spouse OR spousal OR marital OR boyfriend OR girlfriend) AND (batter OR batterer OR battered OR battering OR beat OR beaten OR beating OR	231	202	209

beater)			
(ex-husband OR ex-wife OR ex-spouse OR ex-partner OR ex-boyfriend OR ex-girlfriend) AND (batter OR batterer OR battered OR battering OR beat OR beaten OR beating OR beater)	71	64	224
(husband OR wife OR wives OR spouse OR spousal OR marital OR boyfriend OR girlfriend) AND (kill OR killing OR killer OR killed OR violence OR abuse OR assault)	310	277	287
(ex-husband OR ex-wife OR ex-spouse OR ex-partner OR (ex-boyfriend OR ex-girlfriend) AND (kill OR killing OR killer OR killed OR violence OR abuse OR assault)	202	129	225
(partner OR partners OR spousal OR "partner-on-partner" OR marital OR boyfriend OR girlfriend) AND (violence OR abuse OR abused OR abusive OR assault OR homicide OR rape OR raping OR rapist)	289	253	245
(ex-husband OR ex-wife OR ex-spouse OR ex-partner OR ex-boyfriend OR ex-girlfriend) AND (violence OR abuse OR abused OR abusive OR assault OR homicide OR rape OR raping OR rapist)	200	114	221
(partner OR partners OR spousal OR "partner-on-partner" OR marital OR boyfriend OR girlfriend OR ex-husband OR ex-wife OR ex-spouse OR ex-partner OR ex-boyfriend OR ex-girlfriend) AND (beat OR beating OR beater OR beaten)	230	169	163

(partner OR partners OR spousal OR "partner-on-partner" OR marital OR boyfriend OR girlfriend OR ex-husband OR ex-wife OR ex-spouse OR ex-partner OR ex-boyfriend OR ex-girlfriend) AND (murder OR murdered)	255	208	200
(partner OR partners OR spousal OR "partner-on-partner" OR marital OR boyfriend OR girlfriend OR ex-husband OR ex-wife OR ex-spouse OR ex-partner OR ex-boyfriend OR ex-girlfriend) AND (batter OR battered OR batterer OR battering)	146	27	269
(partner OR partners OR spousal OR "partner-on-partner" OR marital OR boyfriend OR girlfriend OR ex-husband OR ex-wife OR ex-spouse OR ex-partner OR ex-boyfriend OR ex-girlfriend) AND (kill OR killed OR killer OR killing)	271	249	227
(partner OR partners OR spousal OR "partner-on-partner" OR marital OR boyfriend OR girlfriend OR ex-husband OR ex-wife OR ex-spouse OR ex-partner OR ex-boyfriend OR ex-girlfriend) AND (shot OR shooting)	252	229	205
Total results	3638	3031	3534
Duplicates	1653	1386	1579
Net results	1985	1645	1955

Appendix B: Codebook/Data Extraction – News articles

A. Background information on IPV
   a. Definition of IPV
   b. Prevalence
   c. Causes
   d. Consequences

B. Who is affected?
   a. Women
   b. Men
   c. Children
   d. Family members
   e. Friends
   f. Neighbours
   g. Co-workers
   h. Other

C. Type of abuse
   a. Femicide
   b. Physical
   c. Emotional
   d. Financial
   e. Sexual

D. Explanation for IPV
   a. Denial
   b. Substance use
   c. Victim blaming
   d. Troubled individuals (e.g., criminal history)
   e. Mental illness
   f. Jealousy
   g. Quarantine
   h. Social isolation
   i. Financial stress
   j. Other (e.g., exonerating perpetrator, remorseful, good father)
   k. Separation
   l. Anger/argument
   m. Bad relationships
   n. Crime of passion
   o. COVID-19

E. Barriers Responding to IPV
   a. Justice system
   b. Housing instability
   c. COVID-19
   d. Structural (e.g., culture, transportation, media depiction)

F. Proposed Solutions
   a. Government intervention
   b. Justice system
   c. The community
   d. Integrated approach

G. Responses to IPV
- **a.** Advocacy
- **b.** Government
- **c.** Justice system
- **d.** Other (e.g., transition to online service delivery, social/community-based responses)

H. Experts in Article
- **a.** Police
- **b.** Lawyer
- **c.** Judge
- **d.** Advocate
- **e.** Shelters
- **f.** Health Provider (e.g., doctor, nurse)
- **g.** Social Service Provider (e.g., Child Service Provider)
- **h.** Other

Appendix C: Recruitment email for advocates

The News Media's Framing of Intimate Partner Violence During the COVID-19
Pandemic and its Implications for Policy Development in Canada: A Critical
Content Analysis
(Study 2: Interview with GBV advocacy organizations)

Recruitment Email

Hi [name],

I wanted to let you know about a research study that you might be interested in. It's
either a phone or video-call interview (~60 min), conducted by researchers at Western
University. It asks questions about your experiences in advocacy work in the area of
gender-based violence (GBV) and especially intimate partner violence (IPV) against
women during the COVID-19 pandemic. Participation is voluntary and confidential.

I've attached the study summary.

If you are interested in participating or learning more, you can email me, Naji
Naeemzadah at ▊▊▊▊▊▊▊▊▊

We would also appreciate you sharing this with your colleagues.

Sincerely,

Dr. Nadine Wathen

And Naji Naeemzadah

Appendix D: Study Summary

The News Media's Framing of Intimate Partner Violence During the COVID-19 Pandemic and its Implications for Advocacy & Policy Development in Canada

Why this Project is Necessary
Around the world and in Canada, rates and severity of intimate partner violence (IPV) have significantly increased since the beginning of the COVID-19 pandemic. Government and public health measures to prevent the spread of the virus such as lockdowns, stay at home orders, isolation, and social distancing have had serious consequences for women experiencing IPV. Closures and disruption of essential services such as shelters, counselling, legal aid and municipal housing, along with increased financial stresses, and being isolated with their abusers have left women, and their children, with fewer options for help and support.

What We're Doing
A key question that remains unanswered is the role of media messaging in Canadian advocacy and policy development processes specific to IPV and, more broadly, gender-based violence (GBV). This is the second phase of a project that builds on an analysis of how media messaging regarding IPV has shifted during the COVID-19 pandemic. We want to assess how GBV-specific advocacy groups have moved to address new needs and gaps in policy and practice related to the pandemic, and how this emerging information and shifting knowledge landscape has, or has not, influenced the policy development process. We are conducting a qualitative study to explore, via interviews with GBV advocates and policy actors:

1) How GBV advocates assessed, responded to and leveraged changes in public and media understandings of IPV/GBV during the COVID-19 pandemic, including any strategic or messaging changes implemented, and their actual or anticipated impacts.
2) How Canadian federal government actors in GBV portfolios responded to changes in public understanding, media attention and enhanced advocacy in their policy development and related processes.

Please consider participating!
If you'd like to learn more, including reviewing the Research Ethics Board-approved Letter of Information and Consent, and our interview questions, please reply to the email we sent. Naji will be in touch to set up a time for a one-hour phone or video interview that's convenient for you.

Thanks!

Contact: Naji Naeemzadah, PhD (C) ▮▮▮▮▮▮ or Dr. Nadine Wathen ▮▮▮▮▮▮

Appendix E: Letter of Information and consent form for advocates

The News Media's Framing of Intimate Partner Violence During the COVID-19 Pandemic and its Implications for Policy Development in Canada: A Critical Content Analysis
(Study 2: Interview with GBV advocacy organizations)

<u>Research Team:</u>

Principal Investigator: Dr. Nadine Wathen

Primary Researcher: Najibullah Naeemzadah, PhD (Candidate)

Co-investigators:

Dr. Susan Knabe, PhD, Associate Professor, Western University

Dr. Fiona Webster, PhD, Associate Professor, Western University

LETTER OF INFORMATION

Purpose of the study

Around the world and in Canada, rates and severity of intimate partner violence (IPV) have skyrocketed since the beginning of the COVID-19 pandemic. Government and public health measures to prevent the spread of the virus such as lockdowns, stay at home orders, isolation, and social distancing have had severe consequences for women experiencing IPV. Closures and disruption of essential services (such as shelters, counselling, legal aid, etc.), increased financial stresses (such as job loss), and being isolated with their abusers have left women, and their children, with nowhere to go for help.

A key question that remains unanswered is the role of media and advocacy messaging in Canadian policy development process specific to IPV and, more broadly, gender-based violence (GBV). This study builds on a related analysis (first phase of the study) of how media messaging regarding IPV has shifted during the COVID-19 pandemic to assess how GBV-specific advocacy groups have moved to address new needs and gaps in policy and practice related to the pandemic, and how this emerging information and shifting knowledge landscape has, or has not, influenced the policy development process. This

phase of the study will use qualitative methods to gather and analyze data from Canadian GBV advocates to understand these issues, and their potential effect on policy development in Canada.

The purpose of this study is to explore: 1) the challenges experienced by gender-based violence (GBV) advocacy organizations in addressing GBV, and especially intimate partner violence (IPV) during the COVID-19 pandemic; and 2) explore advocacy initiatives undertaken by GBV organizations to address IPV against women during the pandemic.

Who is eligible to take part?

You can take part if you undertake advocacy work at a national or provincial/territorial anti-violence GBV organization.

If you agree to participate

If you agree to participate you will be asked to set aside approximately 60 minutes for a telephone or video (Zoom) interview. If you decide to participate via video, you will be sent an email with a secure meeting ID and password. All participants will receive, by email, a letter of information and the interview questions.

At the start of the interview, you will be asked to provide your verbal consent to participate (see Verbal Consent Form below) and to be audio-recorded, as audio-recording is mandatory and required for data collection. During the interview you will be asked about your experiences regarding advocacy specific to GBV policies and related initiatives since the start of the COVID-19 pandemic, and going forward.

Compensation

You will not be compensated for your participation in this research.

Potential Risks & Benefits

There are minimal risks involved in participating in this study. However, using videoconferencing technology (like Zoom) has some privacy and security risks. It is possible that information could be intercepted by unauthorized people (hacked) or otherwise shared by accident. This risk cannot be completely eliminated but is minimized by using password-protected, unique and secure link to the Western University Zoom platform.

By completing this interview, you will be contributing to better understanding the impact of GBV-specific advocacy and policy work during the COVID-19 pandemic. However, it is possible that you may not directly benefit from participating in this research.

Confidentiality

Your participation is confidential. All information collected for the study will be de-identified for analysis. An encrypted master list with your name and participant ID will be kept to identify your transcript in case you wish to withdraw; only the primary researcher and study principal investigator will have access to this list.

You will be asked to consent to only recording of the interview to ensure your experiences are accurately captured. If you do not wish to be recorded, the interview will not take place. The audio recording, on a separate recording device, will be transcribed verbatim by a professional third-party transcription service. All potentially identifying information will be removed from the transcript.

No information that could identify you will be used in any publication or presentation of the study results. If direct quotes are used to highlight certain findings, any potentially identifying information will be removed and a pseudonym or ID number used. Unless you choose to tell them, no one other than interviewer will know that you have completed the interview. Only summarized findings will be shared.

Western's Research Ethics Board may require access to the data in order to monitor the ethical conduct of this study. If the results of this are published, only de-identified

information will be made available. Your identity as a research participant in this project will not be released without your prior consent.

Transcripts and audio files will be saved on a secure password-protected server. Only the primary researcher and principal investigator will have access to the interview data. Other members of the research team will not be able to identify you. Electronic data will be destroyed after 7 years.

Voluntary Participation

Participation in this study is voluntary. If you feel uncomfortable answering any questions, you can refuse to answer specific questions or end the interview at any time. You may choose to withdraw from the study at any time prior to the completion of data analysis, and all your data will be removed from the data set and destroyed. However, a copy of your consent will be kept on file.

Questions about the Study

If you have any questions regarding this study or would like additional information to assist you in reaching a decision about participation, please contact the primary researcher, Najibullah Naeemzadah ▮▮▮▮▮▮ or the study Principal Investigator, Dr. Nadine Wathen ▮▮▮▮▮▮▮▮.

If you have any concerns about the conduct of this study or your rights as a research participant, please contact The Office of Human Research Ethics, Western University:

Phone: 519.661.3036, 1-844-720-9816 Email: ethics@uwo.ca

This letter is yours to keep

VERBAL CONSENT FORM

The News Media's Framing of Intimate Partner Violence During the COVID-19
Pandemic and its Implications for Policy Development in Canada: A Critical Content
Analysis
(Study 2: Interview with GBV advocacy organizations)

Principal Investigator: Dr. Nadine Wathen

Primary Researcher: Najibullah Naeemzadah, PhD (Candidate)

Co-investigators:

Dr. Susan Knabe, PhD, Associate Professor, Western University

Dr. Fiona Webster, PhD, Associate Professor, Western University

**You will be asked to verbally respond to the following questions at the beginning of
your interview:**

Have you read the letter of information and had any questions about the study or your
participation answered? ☐ YES ☐ NO

Do you agree to participate? ☐ YES ☐ NO

Do you agree to be audio-recorded? ☐ YES ☐ NO

Do you consent to me taking notes during the interview? ☐ YES ☐ NO

Do you consent to the use of unidentified quotes obtained during the study in the
dissemination of this research? ☐ YES ☐ NO

Do you consent to a follow up email if I have additional questions after data analysis? ☐ YES ☐ NO

Do you consent to a follow up phone call, if I have additional questions after data analysis? ☐ YES ☐ NO

_____

Participant Name

[To be completed by researcher]

I have explained the study to the participant named above and answered all questions. The participant provided the above responses verbally.

_____   _____
_____

Your Name (please print)   Signature   Date

Appendix F: Recruitment email for policy actors

The News Media's Framing of Intimate Partner Violence During the COVID-19 Pandemic and its Implications for Policy Development in Canada: A Critical Content Analysis
(Study 2: Interview with Policy Actors)

Recruitment Email

Hi [name],

I wanted to let you know about a research study that you might be interested in. It's either a phone or video-call interview (~60 min), conducted by researchers at Western University. It asks questions about your experiences in policy development in the area of gender-based violence (GBV) and especially intimate partner violence (IPV) against women during the COVID-19 pandemic. Participation is voluntary and confidential.

I've attached the study summary.

If you are interested in participating or learning more, you can email me, Naji Naeemzadah at ████████

We would also appreciate you sharing this with your colleagues.

Sincerely,

Dr. Nadine Wathen

And Naji Naeemzadah

Appendix G: Study Summary

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Western 🛡

The News Media's Framing of Intimate Partner Violence During the COVID-19 Pandemic and its Implications for Advocacy and Policy Development in Canada

Why this Project is Necessary

Around the world and in Canada, rates and severity of intimate partner violence (IPV) have skyrocketed since the beginning of the COVID-19 pandemic. Government and public health measures to prevent the spread of the virus such as lockdowns, stay at home orders, isolation, and social distancing have had severe consequences for women experiencing IPV. Closures and disruption of essential services (such as shelters, counselling, legal aid, etc.), increased financial stresses (such as job loss), and being isolated with their abusers have left women, and their children, with nowhere to go for help.

What We're Doing

A key question that remains unanswered is the role of media messaging in Canadian advocacy and policy development processes specific to IPV and, more broadly, gender-based violence (GBV). This is the second phase of a project that builds on an analysis of how media messaging regarding IPV has shifted during the COVID-19 pandemic to assess how GBV-specific advocacy groups have moved to address new needs and gaps in policy and practice related to the pandemic, and how this emerging information and shifting knowledge landscape has, or has not, influenced the policy development process. We are conducting a qualitative study to explore, via interviews with GBV advocates and policy actors:

1) How GBV advocates assessed, responded to and leveraged changes in public and media understandings of IPV/GBV during the COVID-19 pandemic, including any strategic or messaging changes implemented, and their actual or anticipated impacts.

2) How Canadian federal government actors in GBV portfolios responded to changes in public understanding, media attention and enhanced advocacy in their policy development and related processes.

Contact: Naji Naeemzadah, PhD (C)▮▮▮▮▮▮▮▮▮▮ or Dr. Nadine Wathen ▮▮▮▮▮▮▮▮

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Appendix H: Semi-structured interview guide for advocates

The News Media's Framing of Intimate Partner Violence During the COVID-19 Pandemic and its Implications for Policy Development in Canada: A Critical Content Analysis
(Study 2: Interview with GBV advocacy organizations)

Semi-Structured Interview Guide

Preamble:

We are asking these questions to help us understand how GBV advocates assessed, responded to and leveraged changes in public and media understandings of IPV/GBV during the COVID-19 pandemic, including any strategic or messaging changes implemented, and their actual or anticipated impacts.

At the start of the interview, you will be asked to provide your verbal consent to participate and to be audio-recorded, as audio-recording is mandatory and required for data collection. During the interview you will be asked about your experiences regarding advocacy specific to GBV and IPV policies and related initiatives since the start of the COVID-19 pandemic, and going forward.

Participation in this study is voluntary. If you feel uncomfortable answering any questions, you can refuse to answer specific questions or end the interview at any time. You may choose to withdraw from the study at any time prior to the completion of data analysis, and all your data will be removed from the data set and destroyed. However, a copy of your consent will be kept on file.

Questions/Probes:
1) Speaking specifically about your work, how have things been during the pandemic, especially regarding GBV, or if it's possible to be more specific, IPV?
    a. Probe: changes in prevalence, patterns, severity, causes, consequences.
    b. Probe: what one thing was the most challenging?
2) How was/were the challenge(s) identified?

      a. Probe: from clients, staff, research, media?

3) I'm interested in how the media's portrayal of GBV/IPV may have shifted during the pandemic and how this might be changing how the general public understands these issues. Have you seen any changes of this kind? If so, please expand on this.

4) How important is the role of the media in portrayals of violence, both on how the public receives it, and also on policy directions?

5) How has your organization responded to and leveraged changes in the public, policy actors, and media's understandings of GBV and IPV during the pandemic?

      a. What strategies or messaging, if any, did your organization undertake and to what effect?

            i. Who worked on this – both from your organization and outside?

6) In your mind, what will be the biggest advocacy and/or policy challenges specific to GBV/IPV coming out of the pandemic? How can we best address these?

7) Is there anyone else you know who you recommend talking to about this?

8) That's all the questions I have for you. Is there anything else you would like to share related to IPV/GBV and the pandemic?

9) Can you tell me a bit about your background?

      a. What kind of organization do you work in?

      b. What is your role?

      c. How long have you worked for at this organization?

      d. How long have you worked in this field?

      e. Age

      f. Gender (man/woman/non-binary/2S/other)

      g. Location (province, city)

Appendix I: Semi-structured interview guide for policy actors

The News Media's Framing of Intimate Partner Violence During the COVID-19 Pandemic and its Implications for Policy Development in Canada: A Critical Content Analysis
(Study 2: Interview with Policy Actors)

Semi-Structured Interview Guide

Preamble:

We are asking these questions to help us understand how Canadian federal government actors with Gender-based violence (GBV) portfolios responded to GBV and intimate partner violence (IPV), changes in public understanding, media attention and enhanced advocacy in their policy development and related processes during the COVID-19 pandemic.

At the start of the interview, you will be asked to provide your verbal consent to participate and to be audio-recorded, as audio-recording is required for data collection and analysis. During the interview you will be asked about your experiences regarding how you attain and interpret information specific to GBV and IPV policy development and related initiatives since the start of the COVID-19 pandemic, and going forward.

Participation in this study is voluntary. You can refuse to answer specific questions or end the interview at any time. You may choose to withdraw from the study at any time prior to the completion of data analysis, and all your data will be removed from the data set and destroyed. However, a copy of your consent will be kept on file.

 Healthy Canadian channel

Questions/Probes:
   10) Can you tell me a little about the policy analysis and development process in general? E.g., From issue identification to implementation and evaluation.
      a. Is this the same approach in the GBV area? If not, how and why does it differ?

11) Speaking specifically about your work, how have things been during the pandemic, especially regarding GBV policy, or if it's possible to be more specific, IPV-related policy work?
   a. Probe: changes in prevalence, patterns, severity, causes, consequences.
   b. Probe: who has been the most impacted?
12) What were some challenges that your department experienced in responding to GBV/IPV during the pandemic?
   a. How were these challenges identified?
      i. Probe: from staff, research, advocacy organizations, media, etc.?
13) How did the government respond to these challenges? Please start by talking about the Federal government role, then, if relevant, what you saw from the provinces and territories
   a. Probe: how did governments respond to challenges experienced by GBV service and advocacy organizations?
      i. Probe: what policies, if any, were developed to address them?
      ii. Probe: who worked on this – both from your organization and outside?
      iii. Probe: what was the outcome?
   b. Probe: how did the government respond to challenges experienced by survivors (e.g., those who were unable to seek support due to COVID-19 restrictions?)
      i. Probe: what policies, if any, were developed to address them?
      ii. Probe: who worked on this – both from your organization and outside?
      iii. Probe: what was the outcome?
14) One key interest I have is how media portrayals of violence might influence these processes, including public perceptions and political or policy directions and responses?
   a. What impact role, if any, did media narratives about GBV/IPV have on your own policy analysis and development during the pandemic?
   b. What other influences did you see, in your department, or elsewhere?
15) In your mind, what will be the biggest policy challenges specific to GBV/IPV coming out of the pandemic? How can we best address these?
16) Is there anyone else you know who you recommend talking to about this?
   a. Comms people
17) That's all the questions I have for you. Is there anything else you would like to share related to IPV/GBV and the pandemic?
18) Can you tell me a bit about your background?
   a. What department do you work in?
   b. What is your role?
   c. How long have you worked for at this department?
   d. How long have you worked in this field?
   e. Age

    f.   Gender (man/woman/non-binary/2S/other)

    g.   Location (province, city)

Appendix J: Codebook (interviews)

A) Impact of COVID-19 on IPV
    a. Prevalence
    b. Severity
    c. Individuals affected
         i. Women
         ii. Children
         iii. Men
         iv. Family members
         v. Friends
         vi. Neighbours
         vii. Others
    d. Service providers (e.g., front line and advocates)
    e. Government
    f. Other

B) Barriers responding to IPV during the pandemic.
    a. Advocacy
         i. Transitioning to online mode of service delivery
         ii. Staff burnout
         iii. Lack of resources (e.g., funding, technological equipment, etc.)
         iv. Inability to reach victims and survivors
         v. Disintegrated system
         vi. Difficulty navigating constantly changing environment
         vii. Lack of messaging from elected officials
         viii. Other
    b. Government
         i. Staff burnout
         ii. Policy process
         iii. Department mandate
         iv. Disintegrated system
         v. Other

C) Response to IPV during the pandemic
    a. Advocates
         i. Increasing/raising awareness
         ii. Using media as an advocacy tool
         iii. Transition to online mode of service delivery
         iv. Increased collaboration
         v. Other
    b. Government
         i. Funding
         ii. Policy shifts in funding requirements
         iii. Messaging
         iv. Increased collaboration
         v. Other

D) Challenges responding/addressing IPV beyond the pandemic.
    a. Lack of resources/funding

  b. Staff retention
  c. Disintegrated system
  d. Media disinterest
  e. Media portrayal reverting to old ways

E) Solutions responding/addressing IPV beyond the pandemic.
  a. Sustainable/long-term funding
  b. Increased collaboration between advocacy organizations
  c. Increased collaboration between government departments (federal, provincial and territorial)
  d. Implementing the National Action Plan
  e. Prevention effort
  f. Sustained media coverage
  g. Other

F) Impact of media
  a. On the public
  b. On advocates
  c. On policy discussions and decision making
  d. Other

Appendix K: Ethics Approval

Western Research

Date: 8 February 2022

To: Dr. Nadine Wathen

Project ID: 120148

Study Title: The News Media's Framing of Intimate Partner Violence During the COVID-19 Pandemic and its Implications for Policy Development in Canada: A Critical Content Analysis
(Study 2: Interview with policy actors and GBV advocacy organizations)

Short Title: The News Media's Framing of IPV and its implication on policymaking during pandemic

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: March 4 2022

Date Approval Issued: 08/Feb/2022 15:44

REB Approval Expiry Date: 08/Feb/2023

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Dear Dr. Nadine Wathen

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. **All other required institutional approvals and mandated training must also be obtained prior to the conduct of the study.**

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Interview Guide for DV organizations	Interview Guide	07/Nov/2021	
Interview Guide for Federal Government Departments	Interview Guide	07/Nov/2021	
REB Protocol	Protocol	14/Dec/2021	
Letter of Information for DV	Verbal Consent/Assent	17/Jan/2022	
Letter of Information for Govt	Verbal Consent/Assent	17/Jan/2022	
Recruitment email	Recruitment Materials	17/Jan/2022	

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Kelly Patterson , Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Page 1 of 1

Curriculum Vitae

Name: Najibullah Naeemzadah

Post-secondary   Seneca College
Education and   Toronto, Ontario, Canada
Degrees: 2007-2009 Diploma

York University
Toronto, Ontario, Canada
2009-2012 B.A.(Hons)

York University,
Toronto, Ontario, Canada
2012-2014 M.A

The University of Western Ontario
London, Ontario, Canada
2017-2023 Ph.D.

Honours and
Awards:

Dean's Honour List, York University
2009-2012

Dean's Honour List, York University
2012-2014

Related Work   Graduate Teaching Assistant
Experience   The University of Western Ontario
2017-2019

Graduate Research Assistant
The University of Western Ontario
2019-2022

Research Assistant
The University of Western Ontario
2017-2023

Publications:

MacGregor, J. C. D., Naeemzadah, N., Oliver, C. L., Javan, T., MacQuarrie, B. J., &
Wathen, C. N (2020). Women's Experiences of the Intersections of Work and Intimate

Partner Violence: A Review of Qualitative Research. *Trauma, Violence, & Abuse,* 23(1), 224-240.