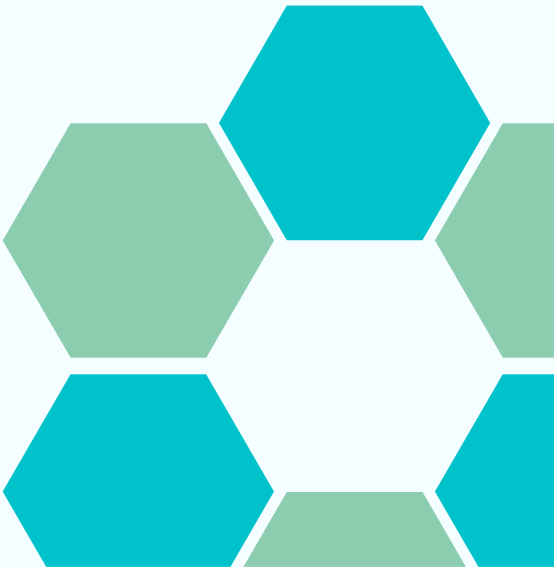
SUBSTANCE USE AMONG WOMEN IN THE CONTEXT OF THE COROLLARY PANDEMICS OF COVID-19 AND INTIMATE PARTNER VIOLENCE



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Substance use (SU) among women in the context of the corollary pandemics of COVID-19 and Intimate Partner Violence (IPV)

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Introduction

This Rapid Review, entitled *Substance use (SU) among women in the context of the corollary pandemics of COVID-19 and Intimate Partner Violence (IPV)* examines the disparate literatures on 1) disasters/pandemics and IPV, and 2) on the relationship between IPV and SU. Examined separately, the syntheses of both of these reviews are presented. Our aim is to create knowledge products for first responders, substance use service providers, and IPV service providers that are useful in the context of COVID-19 and its recovery, and related disasters and crises.

Methodological Framework

1. Identifying the research questions

Two research questions were identified for this project:

RQ1. What evidence on the role of natural disasters and pandemics in intimate partner violence among women has been published in the academic and grey literature?

RQ2. What evidence on the role of substance use in intimate partner violence among women has been published in the academic and grey literature?

Eligibility criteria for RQ1

- Studies on women who experience(d) intimate partner violence during a natural disaster.
- Studies that include evidence on natural disasters (e.g. earthquakes, hurricanes, epidemics, etc.) and IPV, relationships between patterns and prevalence of use, mechanisms between natural disasters and IPV, and impact for service providers.

Exclusion criteria

- Studies on armed conflicts.
- Studies on children.
- Studies on any type of domestic violence that do not define the intimate relationship as a relationship between spouses or partners (*note*: studies might use terms other than IPV such as domestic violence but if the study is regarding violence in an intimate relationship between spouses or partners, they were included).

Eligibility criteria for RQ2

- Studies on women, men who have sex with men, LGBT individuals who experience(d) intimate partner violence.
- Studies that do not disaggregate data by sexes and discuss partners in general.
- Studies on beliefs or perceptions of health care providers or other service providers, if the focus of the study is the IPV and SU relationship in our identified populations.

- Studies that include evidence on substance use and IPV, relationships between patterns and prevalence of use, mechanisms between SU and IPV, and impact for service providers.

Exclusion criteria

- Studies on men as IPV perpetrators and SU (*note*: we include studies if women are the participants and were asked about their (male) partners´ SU).
- Studies on children involved in domestic violence with one or both parents.
- Studies on dating violence or any type of domestic violence that do not define the intimate relationship as a relationship between spouses or partners.
- Studies that report findings on IPV or SU separately and do not report any relationship/mechanism between the two of them.
- We excluded papers on sex workers unless they indicated that the IPV was perpetrated by a spouse/partner.

2. Identifying relevant studies

Academic Search Strategy

The searches were conducted on two topics, integrating two disparate literatures related to: 1) containment, social isolation, epidemics, pandemics, disasters, lockdowns and IPV; and 2) the relationships between the SU (including alcohol, tobacco, cannabis, etc.) and IPV. In alignment with the evolving COVID-19 pandemic, a rapid review approach was chosen to identify the extent of existing literature on how containment and pandemics affect both IPV and SU patterns among women and to summarize and disseminate existing research for service providers and policy-makers.

Hence, two academic literature searches were conducted in Medline, CINAHL, PsycInfo, Cochrane, and Web of Science using keywords for the following concepts: 1) *pandemics* (e.g. “social isolation”, “quarantine”, COVID-19, etc.) and *IPV* (e.g. “domestic violence”, “spousal abuse”, etc.); and 2) *substance use* (e.g. “alcohol”, “tobacco”, “drugs”, etc.) and *IPV* (e.g. “physical abuse”, “battered women”, etc.), and additional analyses of the articles undertaken using sex, gender, equity and trauma-informed lenses.

In addition, the following journals were manually searched: *Violence Against Women, Violence & Victims*, *Journal of Interpersonal Violence*, *Trauma, Violence and Abuse*, *Aggression & Violence Behaviour, Journal of Aggression, Maltreatment and Trauma resulting in* five articles related to RQ1 and one article related to RQ2.

We conducted the search again in July and August 2020 to iterate the initial findings. We used the same methodology and databases and will continue to update these searches on a monthly basis until October 2020.

Grey Search Strategy

To supplement the academic evidence, we conducted grey literature searches (including resources such as infographics, guidelines, recommendations etc.). For RQ1 we searched Data2x using the search terms: *pandemics, social isolation, quarantine, natural disaster, COVID-19* and *domestic violence, intimate partner violence, spousal abuse, physical abuse*. For RQ2 we conducted a targeted search of Canadian and American organizations on IPV and SU including, but not limited to: CCSA, CISUR, CanFASD, Statistics Canada, BCCSU, OAITH, BCSTH, and SAMSHA using the search terms: *alcohol, tobacco, substance, drugs, cannabis* and *intimate*

partner violence, domestic violence, spousal abuse. Additional articles were identified in the academic literature (e.g. editorials, commentaries, etc.) and through related email listservs including WUNRN and SVRI.

The findings from the database and targeted searches were documented. The search strategy, name of database and/or website, and date that the search was conducted was entered into an Excel spreadsheet. The first 75 returns were reviewed/considered for inclusion and summarized in *Appendices C and D.*

3. Study Selection

The academic search for RQ1 yielded 2,356 unique returns and for RQ2, 3,641 unique returns (the search for RQ2 was limited for the last 5 years, 2015-2020). In the July 2020 update, 73 additional articles were identified for RQ1 and 99 articles for RQ2. In addition, seven articles on RQ1 and one article on RQ2 were identified in the grey literature search. In the August 2020 update, 102 additional returns for RQ1 and 131 for RQ2 were identified. In the October update, 145 record for RQ1 and 359 for RQ2 were localized. In addition, we checked the references of seven systematic reviews and one paper was included for screening for RQ1 and 9 for RQ2. The records were title and abstract screened separately by two independent reviewers. Full text articles were screened independently by several reviewers. A total of 22 papers were synthesized for RQ1 and 114 for RQ2. All of the included papers are described in *Appendices A and B.*

4. Quality Appraisal

To assess the quality of the included studies, we used the Mixed Methods Appraisal Tool 2018 Version (MMAT) [1]. Using the MMAT, the included studies were appraised using seven questions designed to appraise the quality of common empirical study designs. The MMAT includes two screening questions that are used for all study types and five different questions for qualitative, quantitative descriptive, randomized control trials, quantitative non-randomized control trials, and mixed methods designs. The response categories include “yes” (when the paper includes the details for the items), “no” (when the paper does not mention any information regarding the items) and “cannot tell” when there is unclear information related to the criterion. See *Appendices A and B* for the results of the MMAT.

5. Charting the data

Information from the included papers was extracted by one reviewer and charted in Excel using the following categories:

RQ1: Aim; Country; Study design; Population; Type of traumatic event; Findings – relationship between the event and IPV; Findings – mechanisms between natural disasters/pandemics and IPV; Findings – Impact for service providers; and Suggestions for future research

RQ2: Aim; Country; Study design; Population; Findings – relationship between SU and IPV; Findings – mechanisms between SU and IPV; Findings – Impact for service providers; and Suggestions for future research

6. Collating, summarizing and reporting the results

The final stage of the rapid review included a narrative synthesis integrating data synthesis and interpretation from qualitative, quantitative, and mixed-methods designs.

Findings: Substance Use, Intimate Partner Violence and Pandemics

Introduction

Both SU and IPV appear to rise amidst disasters and in post-disaster periods. However, there are multiple mechanisms and reasons for this. It may be that disasters highlight or make visible existing patterns and issues, generate more help-seeking for IPV, or indeed provoke heightened rates of both SU and IPV.

In the context of disasters, women report increased experiences of IPV and multiple related physical and mental health issues, including depression, PTSD, trauma, and sleep issues. Perpetrators may also experience disaster-related trauma but may also utilize added coercive tactics and methods of IPV by exploiting disaster conditions and/or pandemic related policies, such as social isolation, lockdowns, and inaccessible social networks and helping services. In crisis situations, perpetrators and victims may be seen and helped together, creating less opportunity for first responders and service providers to detect IPV and respond to help-seeking.

The relationship between SU and IPV is extremely complex, with evidence of a bidirectional relationship, as well as multi-faceted contributing factors and numerous resulting health impacts. Research has been done on either/or/and SU of both perpetrators and victims, addressing the role of SU in aggression, or the role of SU in adaptation or coping with IPV. Extant research has used multiple theoretical and disciplinary paradigms and methods, including psychological experiments, field surveys, service provision and policy and systems analyses. Research on the relationship of SU and IPV has been carried out in numerous countries, focusing on one or multi substances, and their context-specific mechanisms and impacts. It is clear that alcohol, tobacco and poly-drug use are associated with IPV across countries. Further, the impact of IPV and SU on women's health is significant, including mental and physical health repercussions, contributions to chronic diseases, and ongoing trauma.

For first responders, SU, and IPV service providers the implications are clear. IPV detection and awareness is essential in disaster and pandemics. Training for all groups is crucial and must be enhanced to understand the additional burdens of IPV and increased help seeking in the context of COVID-19 and other disasters. For those providing services for either IPV or SU, enhanced understanding and deliberate investigation of the other issue is a must. Integrating awareness of both issues into ongoing help, service provision, or health information is essential, in order to fully respond to women's health needs. In the longer term, reductions in gender inequity linked to power, control and economic supports will assist with both reducing IPV and responding more adequately and robustly to both SU and IPV in pandemic contexts.

Evidence on Natural Disasters and IPV

Relationship between natural disasters and IPV

There is some evidence that IPV increases after a natural disaster [2-8]. A cross-sectional study of 186 Chinese women after the Sichuan earthquake revealed psychological aggression rose from 10.5% to 19.3% and physical violence increased from 5.0% to 6.6% [3]. In a study conducted after the 2011 Great East Japan Earthquake in the Miyagi Prefecture with 79,222 pregnant women, findings showed that there are some geographical differences in the prevalence of the IPV [9]. For example, the incidence of psychological IPV increased in the south coastal area and then improved later, while in the north, the incidence of physical IPV increased after the disaster and then improved later. The same effect was not found in the inland area as both psychological and physical IPV prevalence was higher than nationwide rates after the disaster [9].

Increases in experiencing both physical and psychological IPV were observed one to two years after a 2010 earthquake in Haiti. After that disaster, higher incident rates were experienced by women who lived in the most devasted parts of the country [10]. Experiencing IPV pre-hurricane has been a predictor for post-hurricane physical and psychological IPV [11]. However, qualitative data show that IPV might be more visible during a natural disaster due to changes in the setting, but that may not mean that the incidence of IPV is increasing [12]. For instance, in some cases women may recount previous incidents of IPV rather than a continuation of IPV [12, 13]. Regardless, women who experienced IPV pre-natural disaster described more severe episodes after the natural disaster [12].

For example, the New Orleans Police Department 2002-06 data found increases in domestic violence calls and arrests post Hurricane Katrina with more severe cases causing an increase in arrests [14]. Among a study of 123 post-partum women post Hurricane Katrina, 12% reported that their partners destroyed their property, 5% experienced physical IPV, and 15% experienced sexual IPV in the last 6 months. Women who reported damage during Hurricane Katrina also had an increased likelihood of experiencing physical IPV [15]. This conflicts with evidence from Frasier et al. (2004), which found no significant increases between the IPV experienced by blue-collar women in rural southern communities before and after Hurricane Floyd and later flooding [16]. Women reported on average 0.52 physically aggressive acts and 1.96 psychologically aggressive acts after the flood [17].

Evidence from 19 sub-Saharan African countries found that severe drought is highly associated with the reporting of a controlling partner, and that mild drought is associated with experiencing physical and sexual violence. The same study did not find any relationship between drought and emotional violence. This study also found that younger girls and unemployed women were at a higher risk of experiencing IPV in the context of a drought [18].

Evidence on IPV during the COVID-19 pandemic is still scarce. A study conducted in Ethiopia with data collected in April and May 2020 shows that the psychological IPV is reported most frequently (13.3%) followed by physical IPV (8.3%) and sexual violence (5.3%). Approximately a quarter of women reported experiencing IPV. In this study, being a housewife, younger than 30, in an arranged marriage and having a husband between 31 and 40 years were risk factors [19]. Findings from a qualitative study conducted with immigrant women living in US found that the severity and frequency of IPV increased during this pandemic. One risk factor that was identified among most survivors and service providers was unemployment among survivors' partners [20].

Mechanisms and impacts of natural disasters on IPV

Women who experience post-disaster IPV are more likely to report sleep and appetite dysregulation, low self-esteem and suicidal ideation [6]. Women who reported IPV post Hurricane Katrina were 10.4 times more likely to report a major depressive disorder [5] but it is difficult to distinguish which mental health problems are related to IPV or to the natural disaster itself. One study found that women who reported IPV were 25% more likely to report being affected by Hurricane Katrina and subsequent flooding compared to those women who did not, possibly affecting their overall coping strategies when competing with others for services in the aftermath of the floods [21]. Quantitative findings show that women who are exposed to multiple hurricane-related stressors have an increased risk of physical IPV [11].

Perpetrators may use disasters to exercise more or different forms of control. For example, previously separated women reported men using different strategies to move in with them again, post-disaster [12, 22]. As partners became more controlling after a disaster, the probability of asking for social support and visiting families outside their home might decrease. In addition, disasters contribute to women's job loss, creating more challenges related to leaving their relationships [10]. Findings from a US study with post-partum women found that experiencing damage during Hurricane Katrina was associated with most conflict tactics, except for showing respect [15]. Data from workers post-earthquake and tsunami in Japan reveal that perpetrators used disaster compensation payments for such things as alcohol, gambling and affairs and asking their partners to wear a GPS [22].

The effect of different types of violence might not be additive as findings from a study conducted with pregnant women showed that women with a history of interpersonal violence (child abuse or domestic violence) reported a greater effect of the 9/11 terrorism event than did women without a history [23]. However, women who reported both types of violence did not report a greater effect of 9/11 compared to women reporting a history of one type [23].

While education and social background can be a protective factor against IPV, Nguyen (2019) found that after Super Typhoon Haiyan in the Phillipines, domestic violence occurred regardless of women's education or social background. However, women's responses to IPV were influenced by their socioeconomic background, personal capacity and social networks [24]. In the context of disasters, not having access to a vehicle is an impediment to women's preparation and evacuation strategies [8]. Further, grief and loss associated with the disaster and the financial and bureaucratic demands post disaster are key challenges during the recovery and reconstruction phases [8].

Impact for service providers

Several studies recommend integrating IPV in natural disaster interventions and planning and anticipating the impact of PTSD on mental health. In cases of a disaster, governments need to consider domestic violence a priority in terms of response and prevention strategies [8]. Addressing violence issues in community-based mental health services is crucial, even when the IPV occurred pre-disaster [5] as is recognizing that limited safe housing and loss of community networks are important gaps for women experiencing post-disaster IPV [25]. Clearly, healthcare providers (HCP) need to be ready for increases in IPV post-disaster and to provide treatment and referrals post-disaster [15] based on best practices for IPV identification and referral [8].

It is crucial for first responders and HCP to offer screening and help that is separate from perpetrators. For example, depressive symptoms such as appetite and sleep dysregulation, low self-esteem and suicidal ideation might indicate post disaster IPV and warrant safe and separate follow-up [6]. Women experiencing IPV present more health issues post-disaster [21] and are likely to seek help for psychosomatic complaints--leading to underreporting of IPV [5]. There are barriers to disclosure such as fear of: hurting loved ones, communities, what their partners could do to their children, not being believed, escalating violence and lack of options [12]. Service providers may also be showing more compassion towards men as they are also traumatized during natural disasters, or be in denial and interpret the IPV as an unintentional act related to the disaster trauma [12].

It is crucially important to collect accurate statistics on domestic violence and IPV and that all personnel responding to the disaster (i.e. health and community service providers, police, etc.) are included in disaster preparedness and management [8]. Researchers, policy analysts, interventionists and survey designers need to pay attention to missing data as those lost at follow-up might be at greater risk of experiencing IPV. For example, in a study conducted with post-partum women, those lost at follow-up were young, African American, or with a low socioeconomic status. These sociodemographic groups might present higher risk of IPV events [15].

Overall, the inequities experienced by women are often the product of previous gender and economic inequities that become more visible in a post-disaster context [24]. In a study conducted with seventy-seven Canadian and US domestic violence programs, results showed that emergency planning is not considered a priority. Some of the constraints identified by the respondents were lack of information, funding, staff time from preparing their facilities, staff or residents for disaster [26]. These programs reported both an increase in demands immediately after and in the 6 to 12 months post-disaster [26].

Health care providers (HCP) and other frontline providers may also experience vicarious trauma or their own challenges in the post-disaster context, requiring counselling services. However, some service providers identified that asking for counselling for themselves resulted in stigma and potential consequences, such as the removal of responsibilities and/or not being considered for promotion [8]. In addition to all these needs, the inherent particularities of COVID-19 pandemic stress and the importance of providing access to technological solutions are important considerations in exploring ways to provide financial support and mental health services [20].

Briefs such as the UNDP's Gender-based Violence and COVID-19 outline dedicated actions and strategies to prevent and address Gender Based Violence (GBV) and highlight the need for gender transformative strategies in all GBV prevention and intervention work.

See Appendices C and D of accompanying grey literature document for further examples.

Evidence on SU and IPV & Associated Factors

The relationship between substance use and intimate partner violence is multidirectional and complex. SU is associated with IPV, and both are linked to other psychosocial factors. The relationship reflects patterns of SU by perpetrators and/or victims/survivors, as well as different patterns by substance. Research has been done on SU by both perpetrators and survivors, and on alcohol, tobacco and other drug use.

Alcohol is one of the most studied substances among both survivors and perpetrators. Several studies found a relationship between alcohol use and IPV episodes among women who experienced IPV [27-32]. For example, among a sample of 189 women who experienced physical or sexual IPV in their lifetime, more than half (51.3%) consumed alcohol and 24.7% binge drank in the past year [27]. Women who are currently exposed to IPV are more likely to report problematic alcohol use [33].

There is some evidence that when women only or both partners drink, women are more likely to report experiencing IPV. One study found that when only the woman reported having alcohol problems, the relationship between SU and IPV remained present for those who were currently experiencing IPV (20%) or had previously experienced IPV (46.4%). In another study, when only wives reported drinking heavily (and their husbands did not) there was a higher risk of experiencing IPV [34]. In addition, in couples where the husbands used cannabis (and their wives did not), husbands who were heavy drinkers (and their wives were not), and

when their wives identified as smokers (and the husbands did not), there was increased risk for female-to-male partner violence when each of these SU factors were considered separately [34]. In a study conducted in Ghana, women who reported alcohol use were more likely to experience IPV. In the same study, experiencing family violence was also a risk factor whereas having higher than secondary education (among women or their partners) was a protective factor [32]. However, not all studies found a positive relationship between alcohol consumption and IPV history. Among Japanese women, drinking problems were not associated with IPV victimization [35].

Findings from several studies show that women with husbands who consumed alcohol are at risk of experiencing IPV. Fanslow and Gulliver (2015) found that in relationships where partner's reported alcohol use concerns, 12.8% of women reported experiencing currently IPV and 60.8% reported they had experienced IPV in the past [33]. Mumford et al. (2018) found that fathers´ binge drinking habits increased IPV rates by 3 for nondrinking mothers but mothers who were high-risk drinkers were more likely to report experiencing IPV [36].

Data from five countries (Ukraine, Moldova, Kyrgyzstan, Tajikistan and Azerbaijan) show that a partner's problem drinking was the strongest risk factor associated with spousal violence in all five countries [37]. Similar results were found in studies conducted in Australia [38], Ghana [32], India [39, 40], Nepal [41] Sri Lanka [39], Turkey [42], Kenya [43], Mozambique [43], Nigeria [43] and the 28 EU countries [44]. However, the likelihood of experiencing IPV when a male partner consumes alcohol differ. For example, an Indian study found that women with husbands who consumed alcohol were 6 times more at risk of physical IPV [45]. Data from the 2016 Peru Demographic and Health Survey (DHS) show that having a partner who gets drunk can increase women's likelihood of victimization by 8.66 times compared to those women whose partner never used alcohol. The same results were found for those women whose partners got drunk frequently; the likelihood of experiencing IPV increased by 1.42 times [46]. In a Ugandan study, the odds of IPSV (intimate partner & sexual violence) were also higher among women whose partners tried to limit contact with their family and often got drunk [47]. In a study carried out in the Philippines it was 2.35 times more likely for women whose husbands/partners were sometimes intoxicated (compared to those who were never intoxicated) to experience IPV. In addition, the severity of the IPV episode increased with the level of intoxication [48].

When both partners reported problem drinking, the relationship between alcohol use and IPV history was stronger [49]. For example, a Botswana study found that when both partners drank, women were 10.98 times more likely to experience physical IPV and 4.6 times more likely to experience psychological IPV (compared to relationships where neither partner consumed alcohol). The likelihood of experiencing physical IPV increased by 2.82 while the likelihood of experiencing psychological IPV increased by 2.55 in those women whose male partners alone consumed alcohol (compared to those who reported that neither partner consumed alcohol) [49].

Husband's IPV and coercive control are both risk factors for the wife's alcohol abuse/dependence [50]. In a sample of 476 women ages 25 to 64, women who used alcohol were 4.2 times more likely to experience IPV, 4.6 more likely to experience psychological violence, 2.7 times more

Several grey literature reports provide excellent discussions of the complex connections between IPV and SU. See *Substance Abuse and Intimate Partner Violence* produced by the National Online Resource Center on Violence Against Women (VAWnet.org) and *The Relationship Between Intimate Partners Violence and Substance Use: An Applied Research Paper* by the National Center on Domestic Violence, Trauma & Mental Health for examples.

See Appendices C and D of accompanying grey literature document for further examples.

likely to experience physical, and 2.2 times more likely to experience sexual violence [28]. Among women veterans alcohol indicators such as unsafe drinking levels, presence or incipience of an alcohol use disorder, and interpersonal alcohol-related concerns were reported more frequently by those who experienced past-year psychological IPV [29]. Physical IPV history was related to greater alcohol consumption and problem drinking among a sample of sexual assault survivors [30].

Other female populations, such as sex workers and those who have reported ever having alcohol intoxication had higher rates of victimization of overall violence, as well as physical, emotional, and sexual IPV violence [31]. There was a relationship between having a partner who frequently used alcohol and experiencing IPV among a sample of Indian sex workers. Having sexual intercourse with their partner who consumed alcohol in the last month (among other factors such as experiencing physical and/or sexual violence from their clients in last 6 months and supporting financially their partners) were risk factors for experiencing recent IPV [51]. In a different study conducted in Uganda, female sex workers reported greater likelihood of abuse if their partner had used alcohol [52].

In studies where one group experienced IPV and another did not, findings show that alcohol use disorder (the AUD) was less severe among those women who experienced IPV compared to the control group. In addition, hazardous drinking was lower in the group of women who experienced IPV although the differences were not statistically significant. However, the group of women who experienced IPV used psychotropic medication (anxiolytic and antidepressants). Regarding the PTSD symptoms, there were no statistically significant differences between women who experienced IPV with and without hazardous drinking. Using psychotropic medication was associated with higher scores in PTSD symptoms, depression and anxiety [53].

Some women experienced alcohol-related IPV as a cycle of escalating violence whereby their partners start to drink and once they get drunk, they are looking for a fight and 'switch' to escalated violence. During their hangover they become tempered and while they are sober, they return to 'normal' life and start to crave alcohol (for dependent drinkers) [54]. In qualitative studies women identify alcohol as responsible for men´s violent behaviour [55, 56]. Some women report perpetrating domestic violence in response to their husband's consistent drunkenness and financial irresponsibility [56]. In a different study, women reported feeling angry when their partners used alcohol because they spent household money and neglected their families [57]. They also report feeling emotional distress and using aggression when they husbands were intoxicated [58]. When wives of husbands seeking alcohol use disorder (AUD) treatment were asked about the problems they've faced, 16.7% reported feeling physically harmed sometimes and 3.3% once or twice by their husbands [59]. However, 80% said they never felt physically harmed and none reported often feeling harmed [59].

In a longitudinal study that examined the relationship between patterns of drinking in partners of lesbian couples and physical and psychological aggression, Lewis et al. (2015) found a relationship between discrepant alcohol use and psychological aggression. Both psychological and physical aggression predicted future discrepant drinking patterns [60]. Among lesbian couples, IPV and poorer relationship adjustment were related to alcohol use. In addition, women who experienced IPV had a higher likelihood of arguing over alcohol or drug use [61]. Among men who have sex with men (MSM), findings show that problematic alcohol use and both physical/sexual and psychological IPV perpetration and victimization are related. There is a need to address IPV related issues and alcohol use in interventions designed for MSM [62, 63].

Several studies show that in addition to alcohol there are other psychosocial factors associated with IPV. Among a sample of 400 Nigerian married women, factors that predict physical IPV were lower educational status of the women and partner´s daily alcohol intake. Factors that predict sexual IPV were unemployment status of the partners and daily/weekly alcohol use. Predictive factors for psychological IPV were respondents witnessing parental violence and daily alcohol use by partners [64]. Drawing on data from a survey conducted in 2012, partner's alcohol consumption was a risk factor for physical IPV in addition to the number of children, household wealth, women's employment, witnessing IPV in women's family of origin, justification of IPV by women and partner's controlling behavior [65]. Findings from Haitian couples in 2000, 2005, and 2012 surveys show that living with a partner who drank alcohol, living with a partner who had a genital ulcer in the past year and having witnessed her father beating her mother were variables associated with IPV [57].

Among a sample of Ugandan married women, some of the risk factors to IPV were frequency of partner being drunk, partner's controlling behaviors, age at first marriage, women's education, age, witnessing parental violence, age, socioeconomic status and parity [66]. Partners with AUD, families with a higher number of children, women with higher academic achievement than their partner, and illness among wives increase the episodes of IPV. Women with more prestigious jobs and of a higher economic class were protected against IPV [67]. Those raised in families where family abuse was common during the childhood were 2 times more likely to experience physical and sexual abuse [68]. Risk factors such as having a husband or partner who exhibited controlling behaviors, women who justified violence, having a mother who had experienced IPV, and having a husband or partner who consumed alcohol were positively associated with IPV, whereas decision-making autonomy among women was negatively associated with IPV [69].

Mumford et al. (2018) found that maternal high-risk drinkers were more likely to report experiencing IPV [36]. Post-partum South-African women who experienced IPV used more alcohol and had double the likelihood of having problematic drinking compared to those who did not experience IPV [70]. Among Kenyan pregnant women, partner's alcohol use and level of education were related to overall IPV. Alcohol use was associated with age, but not associated to psychological and sexual IPV [71]. Among a Swedish sample, pregnant woman were more likely to experience IPV when partners reported an AUD [72]. Similar results were found in a different study [73]. Women with husbands who drank were also more likely to report postpartum IPV. This was also experienced by low-income mothers who, in addition to IPV, experienced non-violent maltreatment from family members during postpartum period [74]. In addition to having a husband with AUD, other factors that contributed to IPV amongst pregnant women in Nepal included fetal sex and refusal to have sex [75].

Tobacco use and IPV are also related. Women with an IPV history are more likely to be current smokers or heavy smokers [76]. Among 398 women from three Ohio Appalachian counties, approximately 75% of current smokers reported an IPV history [77] and when controlling for depression, age, and socioeconomic status, IPV remains significantly associated with tobacco use [77]. Smokers who experienced IPV reported higher alcohol and drug use problem severity, posttraumatic stress symptom severity, and psychological and physical IPV victimization severity [78]. Women who experienced perinatal IPV had a significantly higher likelihood of smoking before the pregnancy and continuing to smoke during the last trimester of pregnancy [79]. Among perpetrators, sexual violence is reported more often among those women whose partners smoked [80].

Poly-drug use is also associated with IPV. There is a higher risk of IPV among women who use different substances [81, 82]. Among women who inject drugs in Kazakhstan, 15.87% of women report IPV [83].

Qualitative evidence shows that the SU happens within 3 hours of the IPV episode [84]. In a study on the effects of alcohol and marijuana on IPV, Low et al. (2017) found no relationship between women´s use of alcohol and cannabis and men´s IPV perpetration [85]. However, women's polysubstance use was predictive of higher levels of victimization [85]. In a Spanish study, authors found that the prevalence of IPV was very high among women who had more than one SU disorder [86].

In a sample of Korean women, those who experienced sexual IPV reported higher odds of major depression disorder, anxiety disorders, and nicotine dependence compared to those who reported physical forms of IPV. Those participants who experienced physical forms of IPV showed a strong association with alcohol use disorder [87]. Smoking, having a history of SU and other factors such as having a lower income, being divorced/separated, having a mother who experienced IPV, and having up to eight years of schooling are associated with experiencing psychological, physical and sexual IPV [88].

Compared to women without an IPV history, women who experienced IPV were 2 times more likely to be current smokers, binge drinkers, overweight and report poor mental health [89]. Comparing women who experienced violence with femicide risk with a control group, data from Peru suggests that alcohol and tobacco use are associated with IPV history. Women who experienced IPV with risk of femicide were older, less educated, and had low socioeconomic status [90]. Findings from a study conducted in Australia show that women's experiences of all forms of abuse at 21 years old was a significant risk factor for AUD, substance use disorder and nicotine use disorder [91]. However, there is also evidence that there is no relationship between experiencing IPV and SU [92].

Many other factors contribute to or result from SU and IPV experiences in women. Trauma and other adverse experiences are associated with IPV. Women who reported experiencing alcoholism and child abuse in their families of origin also report heavy drinking partners [93]. In some cases, women experience the same abuse that they suffered in their own families while they were children [94]. Hispanic women who reported experiencing some type of childhood abuse were more likely to experience IPV, have adulthood depression, and be at high risk for drinking [95]. Binge drinking, among other factors such as depression and PTSD, mediated the relationship between child abuse and recent IPV and are all related to recent IPV [96]. Women in Papua New Guinea were more likely (than men) to have PTSD from IPV, rape and war trauma and IPV was associated with depression and alcohol abuse [97]. Women who experienced IPV and have high PTSD are more likely to report drug and alcohol use or drug use alone [78].

Women in the UK revealed that their patterns of alcohol use were related to the fear they felt in their relationships and that alcohol was used as a coping mechanism to numb their feelings or avoid thinking about IPV [98], which was also echoed amongst a sample of Black women at risk of HIV [99]. Among 445 lesbians, emotional distress influenced drinking to cope and was associated with greater alcohol use and problem drinking- both directly linked to bidirectional partner violence [100]. In a qualitative study, some women reported they used substances to gain their partners' acceptance or as a way of coercion [101]. A different study from the USA found that although IPV and hazardous drinking are positively related, temperament traits such as negative emotionality and positive emotionality moderated this relationship. In other words, the IPV was positively associated with hazardous alcohol use at high levels of these traits but not at low levels [102]. These findings support the self-medication hypothesis even for those with a predisposition towards positive affect.

Some studies consider alcohol use a disinhibiting factor for aggression among men who perpetrate IPV [103, 104]. One qualitative study found that alcohol use is a risk factor that potentiates partner´s violent behavior and when women question their partners' alcohol consumption, women may be threatened or experience violence [94]. However, there is also evidence that the IPV is not the result of alcohol abuse but is related to unequal gender roles and of men´s control and power over their partners [98, 105]. Husbands who hold equitable gender norms are less likely to have wives who report IPV victimization [106]. Some IPV survivors report conforming to traditional gender norms and consider the man as the bread winner or provider while the wife is seen as the caregiver and caretaker of children and the household [55]. Women can be concerned about their children being exposed to their father's alcohol use and violence perpetration with some noting that they started speaking like their father [55]. In some cases, perpetrators use women´s mental health issues or their alcohol use as a tactic of isolation and control [93].

There are specific factors that are associated with IPV amongst certain female population groups. For example, female sex workers who reported recent IPV also reported that their intimate partner injected them with substances in the past 3 months. In addition, other factors identified were receptive syringe sharing, daily/almost daily binge drinking, and intimate partner having injected substances [82]. In an Indian sample of ever-married women, lifetime spousal violence victimization and lifetime spousal violence perpetration were significantly positively correlated with asthma, genital discharge, genital sores or ulcers, STI, tobacco use, alcohol use, and termination of pregnancy, and negatively associated with daily consumption of dark vegetables [107].

Among a sample of incarcerated women for SU offenses, over a quarter (27%) reported IPV [108]. Women attending a residential drug and alcohol facility reported higher rates of smoking, IPV and psychosocial risk factors [109].

Pregnancy and postpartum women face other risks. In a study with 612 Ethiopian pregnant women, 59% faced at least one type of IPV during pregnancy. Partners who consumed alcohol, chewed Khat, and smoked cigarettes were linked with higher incidence of IPV [110]. Women whose husband had no formal education and whose husbands took alcohol or illicit drugs were more likely to experience all types of IPV [111]. In a sample of postnatal women, there were multiple risk factors for IPV including women's drug use, having had exposure to violence in childhood, violence supporting attitudes, having 2 or more kids, and having partners who smoke, drink or were controlling [112]. Having experienced violence or aggression, having a marital status other than being married, having a partner who drinks, and a partner drug use were independently associated with alcohol use among South African pregnant women [113]. Among pregnant women with severe mental health illness, those women who experienced IPV had significantly higher rates of SU compared to those women who haven't experienced IPV [114].

In a group of MSM living with HIV, IPV was significantly associated with alcohol use and other drug use but not with tobacco use. While alcohol use increased rapidly with IPV experiences, MSM had a high probability of using tobacco regardless of reporting low or no IPV history [115] Among young Latino men who have sex with men, IPV and SU are associated [116]. Men with a history of partner abuse or violence were more likely to report binge drinking or drug use and more likely to know a friend who had abused his partner [117]. In a sample of Black MSM, those who used to drink heavily, use rock/cocaine and methamphetamine had a higher likelihood of ever experiencing IPV. These same variables were associated with perpetrating IPV against the current

partner [118]. Relationship status, depression, public gay-related stigma, and SU were risk factors associated with IPV victimization among MSM [119]. IPV is associated with an increased likelihood of alcohol, marijuana, stimulant and other SU [120].

Implications for Service Providers and Policy-Making

The multidirectional relationship between SU and IPV highlights the importance of integrated, bi-directional service provision. Addressing SU among those who experience IPV, and IPV-related issues among women with substance use concerns and/or their partners is essential. This can happen on individual, couple, community or society-wide levels. When working with IPV survivors, it is essential to offer services that recognize the relationship between SU and IPV and offer ideas for healthy coping mechanisms [101]. It is recommended that these considerations are introduced as early as possible, as escalation of violence related to SU is a risk [54, 101].

For example, there is a need to address smoking through interventions for women who report experiencing IPV [76, 78]. Nemeth et al. (2016) recommend including prevention and smoking cessation messages for those service providers that work with women who reported experiencing IPV [77]. On a program level, there is also a clear opportunity to screen for IPV and address the specific related needs when addressing smoking reduction or cessation among pregnant women who experienced IPV to mitigate harm-related outcomes and reduce health care costs for them and their children [121]. The relationship between several health risks such as tobacco and alcohol use among women who experience IPV show that it is highly important for health care providers to identify these groups of women for designing and implementing interventions to reduce morbidity [89].

It is important to design trauma-informed and tailored interventions for those women who experienced IPV [77]. Other studies identified a need to intervene with families where one member misuses alcohol to provide different social roles and work concepts such as self-esteem and emotional balance [104]. For example, Lewis et al. (2018) recommend addressing both emotional distress and alcohol use among lesbians as both factors might reduce bidirectional partner violence [100] and identify individual or dyadic risk factors among same-sex couples [60].

Various system level changes can be made to support women who experience IPV and SU. Massetti et al. (2017) recommend creating partnerships between a range of community services targeted at hard-to-reach women who experienced IPV, as they might be at higher risk of cancer linked to health behaviors and barriers to accessing the healthcare system [122]. There is also a need for HCPs and others who offer IPV and SU interventions separately to do so in collaboration [28]. Other recommendations are for child protection services to address fathers' alcohol use in their IPV intervention and prevention programmes when working with multicultural families in South Korea [116]. Or including screening for IPV in antenatal care services [110] or in other environments where women feel safe.

For example, a study conducted with 38 substance dependent women from Estonia found that despite that 25% of participants reporting experiences of IPV, women did not trust the police or social services to help them. In addition, none of the women had heard about special services designed to help victims of domestic violence such as shelters, case management or individual or group therapy. Some women with children reported being

afraid of contacting the police as the police might contact child protection or prosecute them for substance use offenses. [123]. These findings suggest the need for services that are not only coordinated, but also non-judgmental and de-stigmatizing.

Data from 28 European Union countries show that women who lived in countries with high prevalence of binge drinking and were early school dropouts, had a higher probability of experiencing IPV [124]. This association was stronger for physical/sexual IPV than psychological-only IPV. These findings suggest that interventions to reduce IPV should incorporate the reduction of alcohol consumption among the general population and particularly in young people [124]. Findings from homicide victim data from 17 states in the National Violent Death Reporting System from 2003 to 2012 show that among IPV-related homicide victims who had a positive blood alcohol concentration (BAC >0), 30.3% were females. These results suggest that more restrictive alcohol policies might decrease IPV homicide victimization [125].

Overall, services need to be provided to women who experience IPV in the context of SU as in many cases SU contributes to violence escalation [58, 101]. But more fundamentally, there are key society wide issues affecting IPV that rest on gender inequities and the lack of women's power and control compared to men. This underpins ongoing IPV at all levels: in relationships; among bystanders and family members; in communities; among program providers; health care providers; and in social norms and societal institutions [126]. Without underlying changes in gender norms, roles and attitudes, condoning and perpetuating IPV will continue. In short, health care and substance use service providers need to not only provide more coordinated and timely services, but also work in collaboration with others in education, health and development sectors to tackle substance use, IPV and the many gender inequities related to women´s empowerment, equal rights and women's roles [80].

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Appendix A: Pandemics, Natural Disasters, and Intimate Partner Violence

Author(s) & Year	Country	Study Design	Population(s)	Research Aim	MMAT Appraisal
Adams & Adams (1984) [2]	USA	Pre-post	Clients from local health service agencies in Othello, Washington	To examine the effects of disaster-related stress on mental health and social behaviour after Mount St. Helen's ashfall in 1980	2
Anastario et al. (2009) [5]	USA	Cross-sectional	Internally displaced people living in travel trailer parks in Mississippi post-Hurricane Katrina (n=420)	To assess the change in rates of gender-based violence after Hurricane Katrina among internally displaced people living in travel trailer parks in Mississippi	5
Buttell & Mohr Carney (2009) [14]	USA	Pre-post	Phone calls to the New Orleans Police Department 2002 – 2006	To investigate the New Orleans Police Department's responses to domestic violence pre- and post-Hurricane Katrina	3
Campbell et al. (2016) [4]	Haiti	Descriptive correlational	Haitian women (n=208) 18 – 44 years old living who were internally displaced	To describe the extent of IPV before and after the 2010 Haiti Earthquake	3
Chan & Zhang (2011) [3]	China	Cross-sectional	Married, cohabitating or parenting women (n=186) 18+ who received services from the Du Jiang Yan Community A temporary shelter	To explore the impact of post-disaster stress on IPV prevalence and victim's wellbeing after the 2008 Sichuan earthquake	4
Enarson (1999) [26]	Canada, USA	Cross-sectional	Domestic violence programs, shelters, and transition houses (n=77) in the United States and Canada	To examine disaster preparedness, impacts, and responses in domestic violence programs in Canada and the United States	3
Epstein et al. (2020) [18]	19 countries in Sub-Saharan Africa	Cross-sectional	Partnered women (n=83,990) 15 – 49 years old	To evaluate the relationship between drought and IPV among women in 19 sub-Saharan African countries	5
Frasier et al. (2004) [16]	USA	Cross-sectional	Women (n=1,266) 18+ working in 12 work sites in North Carolina	To explore the role of stress and increased risk for IPV after Hurricane Floyd	5
Gebrewahd et al. (2020) [19]	Ethiopia	Cross-sectional	Reproductive aged women (n=682) in Aksum, Ethiopia	To determine the prevalence of IPV among reproductive age women in Northern Ethiopia during COVID-19	5
Gearhart et al. (2018) [25]	USA	Longitudinal	Police reports (n=819,684) of assaults in Florida from 1999 - 2007	To provide foundation for defining the impact of natural disasters on rates of IPV	4
Harville et al. (2011) [15]	USA	Cross-sectional	Postpartum women (n=248) who gave birth between March 2006 and May 2007	To examine the relationship between the experience of Hurricane Katrina and reported relationship aggression and violence amongst postpartum women	4
Lewis et al. (2008) [23]	USA	Cross-sectional	Pregnant women (n=99) attending antenatal clinics in New York	To evaluate the association of lifetime interpersonal violence history and impact of the 9/11 terrorist attacks	4

Nguyen (2019) [24]	USA	Qualitative	Sexually assaulted women and girls (n=12), community-based organization workers (n=11), INGO staff (n=3), and government officials (n=7)	To explore the role of Super Typhoon Haiyan in GBV in the Philippines	2
Parkinson (2019) [12]	Australia	Qualitative	Women (n=30) 18+ living in Shires of Mitchell or Murrindindi during the Black Saturday bushfires	To explore the link between disaster and increased violence against women in Australia	3
Parkinson & Zara (2013) [8]	Australia	Qualitative	Women (n=30) 18+ and workers (n=7) in Shires of Mitchell or Murrindindi during the Black Saturday bushfires	To examine the effect of the Black Saturday bushfires on domestic violence	5
Sabri et al. (2020) [20]	USA	Qualitative	Service providers (n=17) and female immigrant survivors of IPV (n=45)	To explore the perspectives of service providers and immigrant survivors of IPV on the impacts of COVID-19 on immigrant women, existing services for survivors, and strategies needed to enhance women's health and safety	5
Schumacher et al. (2010) [11]	USA	Pre-post	Married and cohabitating persons (n=445) living in the 23 southernmost counties of Mississippi during Hurricane Katrina	To establish the prevalence and correlates of IPV victimization in the 6 months before and after Hurricane Katrina	5
Sohrabizadeh (2016) [13]	Iran	Qualitative	Women (n=8) and key informants (n=7) in East Azerbaijan, Bushehr and Mazandaran	To explore the manifestation of VAW after natural disasters in Iran	4
Taft et al. (2009) [17]	USA	Cross-sectional	Women married or cohabitating (n=205) during the 1993 Mississippi River flooding	To understand the relationship between PTSD, intimate relationship adjustment, and intimate relationship aggression among female flood victims	5
Tanoue et al. (2019) [9]	Japan	Cross-sectional	Pregnant women (n=79,222) in their second and third trimester	To explore the changes in IPV prevalence amongst pregnant women after the Great East Japan Earthquake in 2011	5
Weitzman & Behrman (2016) [10]	Haiti	Case control	Women who completed the IPV modules of the Demographic and Health Surveys in the 2005-6 (n=2,535) and 2012 (n=6,287)	To develop a sociological framework that explicates how natural disasters can exacerbate household violence against women	4
Yoshihama et al. (2019) [22]	Japan	Cross-sectional	Reported cases of domestic violence or IPV (n=82)	To examine the incidents of post-disaster violence among women and children after the Great East Japan Earthquake in 2011	1

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Appendix B: Substance Use and Intimate Partner Violence

Author(s) & Year	Country	Method	Population(s)	Research Aim	MMAT Appraisal
Ahmadabadi et al. (2019) [91]	Australia	Cohort	Children (n=822 female, n=531 male) from the Mater-University of Queensland Study of Pregnancy Cohort of pregnant mothers	To determine gender differences in the temporal association between IPV at a younger age and SU disorders	5
Alhusen et al. (2019) [79]	USA	Cross-sectional	Women (n=231,081) from the 2004 – 2011 Pregnancy Risk Assessment Monitoring System	To analyze the association between IPV and small gestational age	5
Ally et al. (2016) [92]	Brazil	Cross-sectional	Married or cohabitating adults (n=1,443)	To investigate IPV trends, sociodemographic predictors of IPV and its association with SU	4
An et al. (2019) [87]	Korea	Case control	Korean women (n=3,160) 18+	To assess the lifetime prevalence, sociodemographic variables, and mental health disorders associated with different types of IPV	4
Atteraya et al. (2015) [41]	Nepal	Cross-sectional	Married women (n=3,373)	To explore factors associated with IPV among married women in Nepal	5
Barchi et al. (2018) [49]	Botswana	Qualitative	Women (n=469) 18+ in Maun and Boseja	To explore women's individual and household characteristics associated with IPV in Botswana	5
Biswas (2017) [67]	India	Cross-sectional	Married and employed women (n=69,100) 15 – 49 years old who experienced spousal violence	To document the nature and extent of spousal violence against married employed women across job categories	5
Bonomi et al. (2018) [93]	USA	Qualitative	Females (n=41) with a disability and IPV or sexual violence exposure	To understand the role of alcohol on IPV prevalence among college women with mental health disabilities	5
Boreham et al. (2019) [98]	UK	Qualitative	Mothers (n=6) whose children had entered care pre-child welfare case proceedings	To explore the way that women understand their alcohol use and position of motherhood in child welfare proceedings	5
Bosch et al. (2017) [89]	USA	Cross-sectional	Women (n=3,110) 18+ from the 2005 Missouri Behavioral Risk Factor Surveillance System	To examine the prevalence of IPV and its relationship to other factors of health	5
Bunker et al. (2017) [127]	Australia	Cohort	Alcohol related-injuries (n=12,296) reported to hospitals in Queensland 2003 - 2012	To establish the prevalence of alcohol-related injuries originating in the home	5
Caldentey et al. (2017) [86]	Spain	Cross-sectional	Female patients (n=52) entering Hospital del Mar (Barcelona) for any medical/surgical reason and had a substance use disorder diagnosis	To determine the prevalence of IPV among women with a substance use disorder for entering a hospital for medical or surgical procedures	5

Castro et al. (2017) [46]	Peru	Cross-sectional	Women (n=24,024) 15-49 years old living with a partner	To examine the prevalence of violence in intimate relationships and the individual, relational, and community risk factors for IPV	5
Chaudhury et al. (2016) [128]	Rwanda	Mixed methods	Families (n=82) with at least one HIV-positive caregiver who was willing to discuss their HIV-status with their children (n=42 women in TAU, n=42 women in intervention)	To examine the effects of the Family Strengthening Intervention for HIV-affected families on problematic caregiver alcohol use, IPV, and family conflict.	
Chen et al. (2019) [115]	Taiwan	Cohort	Men (n=120) 18+ who have sex with men and were seropositive receiving care at Taipei Union Hospital	To understand the relationships between IPV and SU in among men living with HIV who have sex with men (MSM)	5
Chernyak (2018) [65]	Tajikistan	Cross-sectional	Ever-married cohabitating women (n=4,401) 15 – 49 years old	To examine the prevalence and risk factors of physical IPV in a post-Soviet country	4
Choo et al. (2016) [129]	USA	Qualitative	English speaking female patients (n=40) 18 – 59 years old who presented to the hospital for reasons outside SU/IPV but had reported SU/IPV in the past three months	To provide a qualitative analysis of booster sessions following a web-based intervention to reduce substance use among female emergency department (ED) patients experiencing IPV	5
Choo et al. (2016) [130]	USA	Randomized controlled trial	English speaking female patients (n=40) 18 – 59 years old who presented to the hospital for reasons outside SU/IPV but had reported SU/IPV in the past three months	To examine the feasibility and acceptability of a computer-based program and telephone booster for drug-using women reporting IPV	2
Christ et al. (2018) [131]	USA	Randomized controlled trial	Sixty-nine couples (n=138 individuals) from a Midwestern University	To understand how genetic variation contributes to intimate partner aggression	5
Conroy et al. (2019) [132]	Malawi	Qualitative	Twenty-five Malawian couples (n=50) on ART	To examine the pathways linking alcohol use to ART adherence among married couples who have mutually disclosed their HIV status and serve as each other's designated treatment guardians	5
Coulthard et al. (2016) [133]	Sri Lanka, India	Qualitative	Sri Lankan or Indian women (n=50) aged 30 – 70 ever married to fishermen	To evaluate the UN Sustainable Development Goal principle of, "leaving no one behind," in fishing-dependent communities	3
Crespo et al. (2017) [53]	Spain	Cross-sectional	Women who experienced IPV (n=50) and female controls (n=50)	To examine the relationship between hazardous drinking, use of psychotropic substances, and psychopathological symptoms	3

				among Spanish women who experienced IPV	
Cunradi et al. (2015) [34]	USA	Cross-sectional	Married or cohabitating couples (n=1,950) residing in 50 California cities	To analyze whether discrepant (one partner) or concordant (both partners) patterns of heavy drinking, marijuana use, and smoking are associated with increased risk for male-to-female and female-to-male partner violence among young adult couples	5
Curtis et al. (2019) [38]	Australia	Cross-sectional	Individuals (n=5,118, 51.8% female) 18+ in Australia	To describe the relationship between alcohol use and family and domestic violence and examine differences between family violence, IPV, and other violence	2
da Silva Carvalho et al. (2018) [94]	Brazil	Qualitative	Women (n=19) with a history of marital violence and substance involvement	To analyze women's discourse around marital violence and partner's alcohol use	5
Dasgupta et al. (2018) [106]	India	Cross-sectional	Couples (n=1,081) 18 – 30 years old	To examine the associations between men's elevated alcohol use, inequitable gender ideologies and IPV victimization	5
Davis et al. (2016) [62]	USA	Cross-sectional	MSM (n=189) in New York with a primary partner	To examine the associations between alcohol use and different forms of IPV victimization and perpetration among MSM	5
Davis et al. (2017) [70]	South Africa	Cohort	Pregnant women (n-594) in 12 urban, low-income neighbourhoods in Cape Town	To examine the correlation between alcohol use, women's HIV status, mental health, and partner relationships over time among women in South Africa	5
de Mattos et al. (2016) [28]	Brazil	Cross-sectional	Women (n=476) 25 – 64 years old with intimate partners for at least one year	To analyze the association between alcohol consumption and co-occurrence of violent episodes between intimate partners in Brazil	3
Decker, et al. (2016) [81]	USA	Cohort	Women (n=2,669) enrolled in the Women's Interagency HIV Study	To identify the leading forms of GBV and poly-victimization and predictors of physical and sexual violence	5
Decker et al. (2020) [82]	USA	Cross-sectional	Female sex workers (n=250 cisgender, n=63 transgender) 15+ who picked up clients in public places ≥3 times in the previous 3 months	To describe individual, partner, and structural influences on physical and sexual violence, and coercive condom negotiation with non-paying partners and clients	5

Deuba et al. (2016) [75]	Nepal	Qualitative	Pregnant women (n=20) living in slums in Kathmandu Valley	To understand pregnant women's perceptions and experiences of IPV, to identify coping and support strategies, and ask women about opportunities for reducing IPV in urban slums	5
Emery et al. (2019) [50]	South Korea	Case control	Married women (n=462) in Seoul	To understand the links between husband's physical IPV, coercive control, and family member's protection over women's alcohol use	5
Fagbamigbe et al. (2020) [43]	Nigeria, Kenya, Mozambique	Cross-sectional	Ever-married women (n-29,793) of reproductive age	To assess the factors associated with the timing of the first experience of domestic violence after marriage	4
Fanslow & Gulliver (2015) [33]	New Zealand	Cross-sectional	Women (n=2,543) 18 – 64 years old who have or have had a regular male sexual partner	To identify the risk and protective factors of IPV and how those factors influence current versus previous exposure to IPV	5
Feijo et al. (2016) [58]	Brazil	Qualitative	Heterosexual couples (n=10, n=20 spouses) in a stable union, with at least one spouse in treatment for alcohol dependence	To understand the relationship between alcohol consumption and increased scope of violence in couples where at one partner has alcohol dependence	5
Ferraboli et al. (2015) [104]	Brazil	Qualitative	Five family members (n=2 wives, n=1 mother, n=1 sister, n=1 daughter)	To understand the feelings expressed in family dynamics of families where alcoholism is present	5
Flanagan et al. (2016) [134]	USA	Cross-sectional	Married, dating, or individuals in a romantic relationship (n=25,604) with experiences of PTSD and significant alcohol or cigarette use	To examine the associations between PTSD, alcohol use, IPV victimization and perpetration and cigarette smoking	5
Gobin et al. (2015) [29]	USA	Cross-sectional	Female veterans (n=369) receiving care from Veterans Affairs	To examine the association between alcohol misuse and past-year psychological IPV	5
Gubi et al. (2020) [66]	Uganda	Cross-sectional	Married women (n=9,232)	To determine the correlation between emotional, sexual, physical, and any form of IPV among married women in Uganda	5
Guclu & Can (2018) [42]	Turkey	Cross-sectional	Women (n=602) 18+	To assess the prevalence and risk factors of domestic violence in a multicultural region of Turkey	5
Hayes & van Baak (2017) [68]	Mali	Cross-sectional	Malian women (n=2,527)	To examine the impact of controlling behaviours, household decision-making, previous experiences of	5

				violence, alcohol use, and other factors that affect risk of IPV among women experiencing physical and sexual abuse	
Hernandez (2018) [90]	Peru	Cross-sectional	Women (n=84,136) 15 – 49 years old	To assess the effects of violence with risk of femicide on women and their children's physical and mental health	4
Islam et al. (2016) [111]	Bangladesh	Cross-sectional	Mothers up to six months postpartum (n=426) 15 – 49 years old	To investigate the extent, patterns, and correlates of physical, sexual, and psychological IPV during pregnancy	5
Ismayilova (2014) [37]	Moldova, Ukraine, Kyrgyzstan, Azerbaijan, Tajikistan	Cohort	Married women of reproductive age (n=3,932 in Azerbaijan, n=4,053 in Moldova, n=1,932 in Ukraine, n=4,361 in Kyrgyzstan and n=4,093 in Tajikistan)	To examine individual and community level factors associated with spousal violence in post-Soviet countries	4
Javalkar et al. (2019) [51]	India	Randomized controlled trial	Female sex workers (n=620) 18+ with an intimate partner in the past six months	To evaluate the impact of a multilevel intervention on IPV reduction	5
Jewkes et al. (2017) [97]	Papua New Guinea	Cross-sectional	Male (n=864) and female (n=879) adults in Bougainville	To understand the impact of conflict on mental health and perpetration of violence against women	5
Kayibanda & Alary (2020) [57]	Haiti	Cross-sectional	Legally married or cohabitating couples (n=2,440 women, n=2,440 spouses)	To analyze the trends in and risk factors of physical IPV perpetrated by women	5
Kelley et al. (2015) [61]	USA	Cross-sectional	Lesbian women (n=819)	To examine the association between relationship adjustment and discrepant alcohol use among lesbian women and their same-sex intimate partners	5
Kerridge et al. (2017) [48]	Philippines	Cross-sectional	Women (n=16,155) 15 – 49 years old	To explore husband/partner's intoxication and experience with physical, sexual, and emotional IPV against women	5
Khaironisak et al. (2017) [112]	Malaysia	Cross-sectional	Postnatal women (n=1,200)	To determine the prevalence of and risk factors for violence against pregnant women	5
Kibicho & Campbell (2019) [56]	Kenya	Qualitative	Men (n=34) and women (n=46) from support groups in Central Kenya	To explore the risk factors for alcohol misuse within the family context	5
Kontautaite et al. (2018) [123]	Estonia	Qualitative	Estonian women (n=38) 18+ who were currently or previously used drugs	To explore the discrimination Estonian women who use drugs experience in healthcare settings, from social support networks, and their vulnerability to violence and abuse	5

Kubicek et al. (2016) [63]	USA	Mixed methods	YMSM (n=86) 18 – 25 years old and have been in a primary partnership in the last 12 months	To describe IPV among YMSM	5
Lai et al. (2018) [108]	Taiwan	Cross-sectional	Female drug offenders (n=633) in Taiwanese correctional facilities	To explore the long-term impacts of domestic violence on prison misconduct, health status, and the need for post-release assistance	4
Lee et al. (2016) [116]	Korea	Cross-sectional	Foreign-born mothers (n=194) in Korea	To examine the association between father's alcohol use, spousal abuse, and foreign-born mothers' child abuse in multicultural families	5
Lee et al. (2020) [135]	USA	Cross-sectional	Latino gay, bisexual, or same-gender loving men (n=139) 18 – 29 years old in San Diago and were sero-negative	To examine the patterns of relationships between syndemic indicators related to HIV and condomless anal sex	5
Leight et al. (2020) [136]	Ethiopia	Randomized controlled trial	Households (n=6,770) in 64 villages in the Gurague zone, Ethiopia	To assess the engagement in the Unite for a Better Life intervention and effect of the intervention on men's past year SU and women's reported depressive symptoms	4
Leite et al. (2019) [80]	Brazil	Cross-sectional	Women (n=938) 20 – 59 years old with intimate partners	To investigate the association violence against women and sociodemographic and behavioural characteristics of intimate partners	3
Lencha et al. (2019) [110]	Ethiopia	Cross-sectional	Pregnant women (n=612)	To assess the prevalence and factors associated with IPV among pregnant women in Southeast Ethiopia	4
Lewis et al. (2015) [60]	USA	Cross-sectional	Women (n=1,052) in same sex relationships	To examine the link between discrepant drinking and physical and psychological aggression among women in same-sex relationships	5
Lewis et al. (2018) [100]	USA	Longitudinal	Self-identified lesbian women (n=445)	To examine the role of alcohol use as a method of drinking to cope and if emotional distress, drinking to cope, and alcohol use may be a predictor for IPV among lesbian women	4
Lira et al. (2019) [125]	USA	Cross-sectional	Homicide victims (n=41,587)	To describe alcohol use among primary and corollary victims of IPV homicide and the role of state alcohol policies among this population	5
Low et al. (2017) [85]	USA	Cross-sectional	Young adults criminally at risk and their romantic partners (n=184 women, n=139 men)	To examine the role of alcohol and cannabis use on couples' experiences of IPV	4

Machisa et al. (2017) [96]	South Africa	Cross-sectional	Women (n=511) from Gauteng, South Africa	To determine the association between childhood abuse and IPV as an adult	5
Machisa et al. (2018) [137]	South Africa	Cross-sectional	Women (n=189) who experienced physical or sexual IPV in their lifetime	To investigate the factors associated with psychological resilience among abused women	5
Marotta et al. (2018) [83]	Kazakhstan	Cross-sectional	People who inject drugs (n=181 women, n=321 men)	To explore drug and sexual HIV risk behaviours among people who inject drugs and are in intimate partnerships in Kazakhstan	5
Massetti et al. (2017) [122]	USA	Cross-sectional	Individuals (n=38,317) who completed the IPV module of the Behavioral Risk Factor Surveillance System	To investigate the association between IPV and cancer screening	5
Mathew et al. (2019) [45]	India	Cross-sectional	Ever-married women (n=92) 18+ registered in a mental health program and currently treated for depression	To estimate the prevalence of IPV in women treated for depression in a rural community healthcare facility	2
McCabe et al. (2016) [95]	USA	Randomized controlled trial	Hispanic women (n=548) ages 18-50 years old who reported sexual activity in the last three months	To investigate the mechanisms of IPV reduction in SEPA, a culturally-specific HIV-risk reduction intervention for Hispanic women	2
McCabe et al. (2018) [76]	USA	Cross-sectional	Hispanic women (n=548) enrolled in a sexual health group intervention	To examine the relationship between child maltreatment and negative outcomes for Hispanic women in the US	4
Mishra et al. (2018) [76]	Australia	Cohort	Women with natural menopause (n=6,138)	To examine the association between IPV and age at natural menopause and quantify the effect mediated through smoking	5
Mumford et al. (2018) [36]	USA	Cross-sectional	Women (n=6100) in the Early Childhood Learning Birth Cohort	To investigate the temporal relationship between patterns of maternal alcohol use from preconception to the parenting period	5
Murray et al. (2020) [138]	Zambia	Randomized controlled trial	Heterosexual couples (n=123 male, n=123 female) married, dating, or in a relationship	To evaluate the efficacy of the Common Elements Treatment Approach in reducing women's experiences of IPV and their male partner's alcohol use among couples in urban Zambia	5
Nemeth et al. (2016) [77]	USA	Cross-sectional	Women (n=398) 18+ from three Ohio Appalachian counties	To establish prevalence of women's exposure to GBV in Ohio Appalachia and examine the association between GBV and smoking among women in the region	4

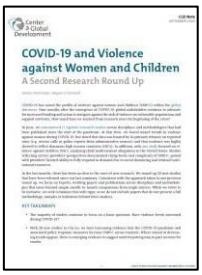
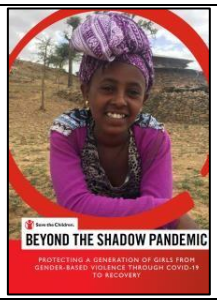
Nydegger et al. (2020) [99]	USA	Qualitative	Black women (n=31) at high-risk for HIV	To qualitatively explore the similarities and differences of syndemic factors of SU among Black women at risk of HIV	5
O'Brien et al. (2016) [101]	USA	Mixed methods	Women (n=22) who had been mandated from CPS to complete the Mothers Overcoming Violence through Education and Empowerment (MOVE) program	To investigate the substance-related experiences of system-involved IPV survivors mandated to services	2
Olowookere et al. (2015) [139]	Nigeria	Cross-sectional	Women (n=360) 18+ living with HIV/AIDS who accessed care at an antiretroviral clinic	To provide information on IPV prevalence among women living with HIV/AIDS in Nigeria	2
Onigbogi et al. (2015) [64]	Nigeria	Cross-sectional	Married women (n=400)	To determine the prevalence and factors of IPV among married women in Lagos State, Nigeria	5
Owaka et al. (2017) [71]	Kenya	Cross-sectional	Women (n=238) accessing antenatal services in West Pokot Sub-County	To investigate factors contributing to IPV during pregnancy	2
Owusu & Agbemafle (2016) [32]	Ghana	Cohort	Ever married women (n=1,524)	To identify factors that increase the likelihood of domestic violence among ever-married women in Ghana	4
Pengpid & Peltzer (2018) [107]	India	Cross-sectional	Women (n=66,013) 15 – 49 years old	To assess the association between lifetime spousal violence victimization, perpetration, and physical health outcomes and behaviours among women in India	2
Petersen-Williams et al. (2018) [113]	South Africa	Cross-sectional	Pregnant women (n=5,231) attending Midwife Obstetric Units in greater Cape Town	To determine predictors of alcohol use among pregnant women in South Africa	4
Pewa et al. (2015) [39]	India	Cross-sectional	Married women (n=150) 18 – 60 years old who were registered as victims attending high court	To determine the prevalence of domestic violence and its impacts on oral health	2
Pun et al. (2016) [140]	Nepal	Qualitative	Men (n=41) and women (n=76) of various family roles	To explore community perceptions of domestic violence against pregnant women	5
Ragavan et al. (2015) [40]	India	Qualitative	Women (n=56) and men (n=52) in Udaipur district and IPV experts (n=7)	To describe women and men's attitudes of available resources for victims of physical IPV and develop a model through which their perceptions could be illustrated	5
Reichel (2017) [44]	European Union	Cross-sectional	Women (n=42,000) who completed the EU-wide survey on violence against women	To explore the prevalence of physical and sexual violence against women in all 28 European Union member States	5

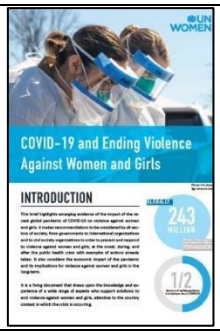
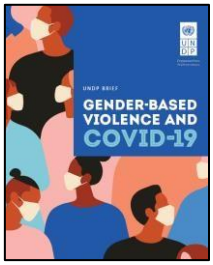
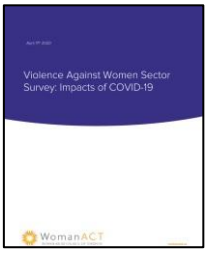
Rhodes et al. (2015) [141]	USA	Randomized controlled trial	Women in the ED (n=600) who exceeded safe drinking limits	To determine if an intervention for co-occurring IPV and heavy drinking would be effective in an ED setting	5
Rotheram-Borus et al. (2015) [142]	South Africa	Randomized controlled trial	Mothers (n=904) in urban, low-income neighbourhoods in Cape Town	To examine maternal risk factors (alcohol use, IPV, depression, and HIV) on post-birth trajectories	3
Salter et al. (2020) [117]	Australia	Mixed methods	Gay, bisexual and queer men (n=895)	To measure gay, bisexual, and queer men's attitudes and understandings of what constitutes abusive or unethical behaviour in relationships, their awareness of abuse and violence in their social networks, and their willingness to intervene as bystanders	4
Santos et al. (2020) [88]	Brazil	Cross-sectional	Women (n=991) 20 – 59 years old who accessed primary health care and with an intimate partner	To estimate the prevalence and factors associated with IPV among primary care users	4
Sanz-Barbero et al. (2018) [124]	28 countries in Europe	Cross-sectional	Ever partnered women (n=5,976) 18 – 29 years old	To assess the prevalence and characteristics of experiencing physical, sexual, or psychological IPV among young women in the EU and the associated risk factors	5
Satyanarayana et al. (2015) [55]	India	Qualitative	Adult married heavy drinking men who reported perpetrating IPV (n=10) and their spouses (n=10)	To explore the intersections between alcohol consumption, gender roles, IPV, and mental health from the perspectives of heavy drinking men who perpetrate IPV and their spouses	5
Schulkind et al. (2016) [52]	Uganda	Qualitative	Women who are high risk of HIV and other sexually transmitted infection (n=10) and their male partners (n=10)	To explore the interaction between GBV and alcohol use and their links to HIV among women and their primary male partners in Kampala, Uganda	5
Sharma et al. (2016) [59]	India	Cross-sectional	Wives of husbands seeking AUD treatment (n=30)	To investigate the problems that alcoholics' wives face and their coping strategies	2
Sherrill et al. (2016) [84]	USA	Mixed methods	Female victims of IPV episodes involving substance use (n=31)	To understand how substance use by IPV perpetrators and victims might enhance or suppress the perception of imminent physical IPV	4
Soccio et al. (2015) [109]	Australia	Cross-sectional	Women (n=102) attending publicly funded sexual health clinics or a live-in drug and alcohol rehabilitation facility	To compare rates of late screening, abnormal Pap smears, and prevalence of psychosocial factors for cervical cancer between	4

				women in the community and those attending a live-in drug and alcohol facility	
Sprunger et al. (2015) [103]	USA	Cross-sectional	Heterosexual couples (n=215) at high risk for IPV	To examine the role of two individual-level aggressogenic factors as mediators of the association between IPV victimization and perpetration in the context of mutually violent romantic relationships to investigate partner-dependent relationships	5
Stults et al. (2019) [119]	USA	Cohort	Young MSM (n=526) in New York City	To examine the longitudinal determinants of IPV among young MSM in New York City	5
Stults et al. (2015) [120]	USA	Cohort	Young MSM (n=528) in New York City	To investigate the gap in knowledge about the relationship between young MSM and several adverse health conditions	5
Sullivan et al. (2015) [78]	USA	Cross-sectional	Women (n=186) 18+ who have experienced IPV in the past six months	To examine the differences between daily smokers and non-smokers among women who experience IPV	5
Sullivan et al. (2016) [143]	USA	Cohort	Women currenting experiencing IPV (n=41)	To examine the association between current PTSD and the daily occurrence/co-occurrence of drug and alcohol use among women experiencing IPV	5
Suparare et al. (2020) [114]	Australia	Cross-sectional	Women with severe mental illnesses (n=304)	To examine the risk of past and current experiences of IPV in women with severe mental illness in pregnancy	5
Tedor et al. (2018) [35]	USA and Japan	Cohort	Individuals married or living with a romantic partner in Japan (n=1,600) or the USA (n=2,363)	To examine whether the gender differences in alcohol-related IPV is explained by alcohol-aggression expectancy	4
Tiruneh et al. (2018) [69]	Democratic Republic of the Congo	Cross-sectional	Married women (n=5,120) who experienced IPV and pregnancy loss	To assess the relationships between IPV, unintended pregnancy, pregnancy loss, and other sociodemographic factors in the Democratic Republic of the Congo	5
Ullman et al. (2015) [30]	USA	Cross-sectional	Women (n=1,863) 18 – 71 years old	To examine the correlates of problem drinking in sexual assault victims	5
Wagman et al. (2018) [74]	India	Cross-sectional	Women (n=1,038) 15 – 35 years old seeking infant immunizations at three health centres in Mumbai	To investigate the role of men's alcohol use in women's postpartum experiences of IPV and non-violent forms of maltreatment from husbands and other family members	5

Wandera et al. (2015) [47]	Uganda	Cross-sectional	Ever-married women (n=1,037) in Uganda	To investigate the association between IPV and partners' controlling behaviours among married women in Uganda	5
Wilson et al. (2019) [72]	Sweden	Cross-sectional	Couples (n=11,461) enrolled in Salut Child Health Promotion programs in Sweden	To explore the relationship between partners' drinking patterns and women's experiences of violence in their relationship and early in pregnancy	5
Wilson et al. (2017) [54]	Australia	Qualitative	Women (n=18) 18 – 50 years old who experienced fear or harm from an alcohol-affected male partner in Victoria, Australia	To explore the dynamics of drinking and IPV from the perspectives of women with lived experience of alcohol-related IPV	5
Wu et al. (2015) [118]	USA	Cohort	Black and African American MSM (n=74) from thirty-seven couples who reported having unprotected sex with a non-primary partner and where at least one spouse had methamphetamine use within the past 60 days	To examine the prevalence of IPV among Black MSM	5
Yalch et al. (2018) [102]	USA	Cross-sectional	Young adult women (n=654) from a public university in Midwestern USA	To examine the main and moderating effects of temperament traits on the association between IPV and hazardous alcohol use	2
Yohannes et al. (2019) [73]	Ethiopia	Cross-sectional	Pregnant women (n=299) in Southeast Oromia, Ethiopia	To assess the magnitude and predictors of domestic violence among pregnant women in Oromia, Ethiopia	5
Zhang et al. (2015) [31]	China	Cross-sectional	Female sex workers (n=1,022) in Guangxi, China	To examine how characteristics of stable partners and relationship stressors are associated with IPV among female sex workers in China	5

Appendix C: Grey Literature Key Reports

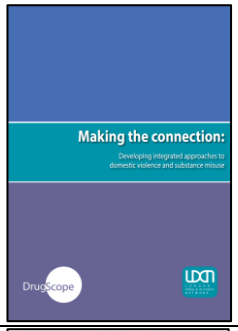
Reports on IPV in the context of COVID-19	
	**Fraser, E. (2020).** ***Impact of COVID-19 Pandemic on Violence against Women and Girls.*** **UKAID.** https://www.girlsnotbrides.org/resource-centre/impact-of-covid-19-pandemic-on-violence-against-women-and-girls/ This paper discusses how the COVID-19 pandemic may impact violence against women and girls in a number of settings (domestic, workplace, emergency settings, etc.). It provides information about risks, lessons and recommendations from other similar epidemics including those that support services for survivors, health sector interventions, security and justice challenges, education and child protection responses, social protection and job creation and actions in humanitarian settings. Recommendations are offered related to: disaggregating data to understand gendered impacts, increasing understanding of who is at heightened risk, strengthening leadership and meaningful participating of women and girls, training first responders about handing disclosure, updating GBV referral pathways and providing psychosocial support to survivors.
	**Peterman, A. et al. (April 2020).** ***Pandemics and Violence Against Women and Children*****. Center for Global Development.** https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children The fear and uncertainty associated with pandemics provide an enabling environment that may exacerbate or spark diverse forms of violence. This report documents **9 pathways/mechanisms**. Based on these mechanisms, they **suggest 8 policy and program responses** for action by governments, civil society, international and community-based organizations: 1 Bolster violence-related first-response systems 2 Ensure VAW/C is integrated into health systems response 3. Expand and reinforce social safety nets 4. Expand shelter and temporary housing for survivors 5. Encourage informal (and virtual) social support networks 6. Communicate clearly on and support during quarantine mandates 7. Integrate VAW/C programming into longer-term pandemic preparedness 8. Implement and invest in flexible funding mechanisms. The authors lay out a **research agenda** comprising three main streams, to better (1) understand the magnitude of the problem, (2) elucidate mechanisms and linkages with other social and economic factors and (3) inform intervention and response options.
	**Peterman, A., & O'Donnell, M. (September 2020).** ***COVID-19 and Violence against Women and Children: A second research round up*****.** https://www.cgdev.org/sites/default/files/covid-19-and-violence-against-women-and-children-second-research-round.pdf This report summarizes an additional 28 papers on violence against women and girls released since their previous summary of 17 papers. They note that the majority of studies continue to focus on the issue of the increase in levels of violence. In addition, the increasing needs of clients and the additional challenges faced by providers continue to be reported. The authors stress that studies focused on COVID-19 and VAW/Cshould prioritize"actionable"research,informingevidence-basedpolicyandfinancingresponses including possible prevention and mitigation measures—rather than simply examining trends.
	**Save the Children. (2020).** ***Beyond the Shadow Pandemic: Protecting a generation of girls from gender-based violence through COVID-19 to recovery*** https://resourcecentre.savethechildren.net/node/17911/pdf/sc_covid19_gbv_brief_english.pdf This report recommends that governments prioritize the specific risks and vulnerabilities faced by girls in all response and recovery efforts regarding gender-based violence and the pandemic. Beyond governments, they also make specific recommendations for training, funding, technical support and other measures for civil society organizations, the UN, and the media.

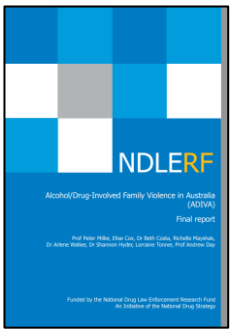
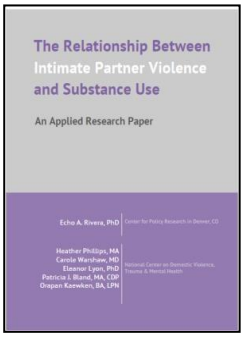
	**UN Women. (2020).** ***COVID-19 and Ending Violence Against Women and Girls.*** https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/gender-based-violence-and-covid-19.html This brief highlights emerging evidence of the impacts of COVID-19 on violence against women and girls. It makes recommendations to be considered by all sectors of society. The brief recognizes VAW/G as a shadow pandemic and illustrates numbers with infographics, describes trends from different countries and provides examples of increased requests for help (such as: a 40% increase found by Australian group in NSW, and a reduction in calls found by a helpline in Italy). The brief further draws on economic impacts found in other crisis such as Ebola and Zika outbreaks and provides list of responses to ensure the safety of women, using technology and making the justice system virtual. Finally, it offers recommendations for governments, civil society organizations and women's involvement in action.
	**UNDP. (2020).** ***Gender-based Violence and COVID-19*****.** https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/gender-based-violence-and-covid-19.html This is a briefing note from the UN. • Section 1 outlines *Dedicated actions and strategies to prevent and address GBV* and gives examples where different countries are employing these strategies. One example is about supporting police and justice actors to provide adapted services. • Section 2 provides *Strategies and actions to mainstream GBV prevention and response in 'non-GBV' interventions* One example is to integrate GBV prevention into COVID-19 interventions. • Section 3 provides O*ther Considerations* such as putting women at the centre, engaging boys and men, and utilizing data to the fullest.
	**Woman Abuse Council of Toronto. (2020).** ***Violence against women sector survey: Impacts of COVID-19*****.** http://www.womanact.ca/uploads/1/8/6/8/18687524/womanact_vaw_sector_survey_covid19_report.pdf This report describes the results of a survey conducted in April 2020 that aimed to understand how VAW sector organizations in the Toronto area were impacted by the COVID-19 pandemic. It describes the impacts on survivors, the operations of the services, the workforce, and on shelters. They suggest: • Increased communication and partnership with leadership, staff, volunteers, partner organizations, donors and funders in an effort to share information, troubleshoot problems and develop solutions. • A centralized place for organizational communication and up-to-date information and resources to ensure all staff have access to the same information. • Support from leadership and colleagues including flexible working arrangements, compensation for internet and phone use and putting staff and client safety first. • Changing the staff schedule and duties to reflect service needs and the health and safety of staff. • Remaining connected to colleagues and partner organizations through video conferencing. • Developing an internal call centre and crisis line to streamline all calls and direct clients to services. • Using digital tools to engage clients and deliver group support programs.
	**Women Enabled International Submission to the Special Rapporteur on Violence against Women (2020).** ***Violence at the Intersection of Gender and Disability during COVID-19*** https://womenenabled.org/pdfs/WEI%20SRVAW%20Submission%20DV%20COVID%20FINAL%20June%2030%2C%202020.pdf This submission focuses on the heightened risk of violence at the intersection of gender and disability during the COVID-19 pandemic, including familial and intimate partner violence and violations in the context of reproductive health. It describes risk factors for gender-based violence that are unique to women, girls, and gender diverse persons with disabilities as compared with other women. It offers examples of good practices and makes policy recommendations to address VAW with disabilities in the context of COVID-19, including that communications about services for victims of violence is available in accessible formats, including Sign Language, Braille, and plain language, and distributed in a variety of ways, including through radio, television, in hard copy, and on social media.

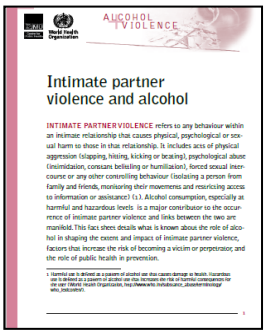
Note there are documents about gendered impacts and gender informed responses to disasters overall at

- The Canadian Women's Foundation: https://canadianwomen.org/the-facts/women-and-pandemics/
- The Gender and Disaster Pod prepared by a range of Australian organizations, before COVID-19 that address IPV among other issues and highlight the need for gender specific engagement approaches. See: https://www.genderanddisaster.com.au/home/roadmaps/

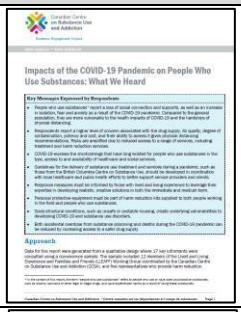
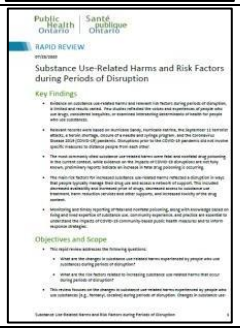
Reports on the connections between IPV & SU

	**Bennett, L., & Bland, P. (2008). *Substance Abuse and Intimate Partner Violence*. VAWnet.org** https://vawnet.org/sites/default/files/materials/files/2016-09/AR_SubstanceRevised.pdf This paper discusses in depth how SU and IPV are complex and should not be reduced to ideas about one causing the other. Many theoretical perspectives explain the co-occurrence of SU and IPV including: SU disruption of thinking processes; adverse childhood experiences; power motivation; during the process of obtaining and using substances; and co-occurring situations like hostile personalities, antisocial personality disorder, or poverty. However none of these theories account for all of the co-occurrence of SU and IPV to indicate that SU causes IPV. The authors also discuss the victim's SU and the role of intoxication on the part of perpetrators, as well as needed services for both victims and perpetrators.
	**Canadian Women's Foundation, & BC Society of Transition Houses. (2011). *Report on Violence Against Women, Mental Health and Substance Use.*** https://www.canadianwomen.org/wp-content/uploads/2018/03/PDF-VP-Resources- BCSTH-CWF-Report_Final_2011_-Mental-Health_Substance-use.pdf This report summarizes the connections between VAW, SU and mental health concerns for women, identifies the barriers women face in accessing each system of care, compares the philosophies of each service system, and identifies key service, funding and policy gaps. The authors summarize the recommendations from the key informants as: 1. Focus needs to be placed on creating and enhancing services, projects and collaborative initiatives that respond to violence against women, mental health and substance use. 2. Services in all three sectors need to be violence-informed or at least-trauma informed. 3. All relevant agencies/ministries need to be involved in meaningful collaboration, not only representatives from frontline anti-violence, mental health and substance use sectors. 4. Resources should be directed towards the women who are the most marginalized or who are most in need of them. 5. Women with lived experience need to be included in any collaborative initiatives around violence, mental health and substance use in the lives of women.
	**DrugScope, & LDAN. (2013). *Making the connection: Developing integrated approaches to domestic violence and substance use*.** https://www.drugwise.org.uk/wp-content/uploads/dvreport.pdf This report focusses on how the response might be improved by various sectors in the UK and offers good practice guidelines and examples. It mentions types of DV and possible connections to substance use where it is also mentioned that Gilchrist of the University of Greenwich offers information on the relationship between domestic violence and substance misuse, with a particular focus on perpetrators. She highlighted that various perpetrator typologies have been identified and noted that substance use may play a different role and be more prevalent in different typologies. As such, it is important to recognise that a range of different interventions will be needed. One of the good practice programs mentioned is the Men and Masculinities programme and several LGBT groups such as Antidote. A list of good practices is provided as is a list of programs and websites in the UK.
	**Haskell, R. (2010). *Reducing Barriers to Support: Discussion paper on violence against women, mental wellness and substance use.* British Columbia Society of Transition Houses.** https://bcsth.ca/publications/discussion-paper-on-violence-against-women-mental- wellness-and-substance-use/ This discussion paper explores intersecting social issues and identities of women accessing transition houses in BC and the Yukon who had violence, substance use and mental wellness concerns and looks in depth at the policies and practices of the houses that create barriers for these diverse women when accessing transition house services.

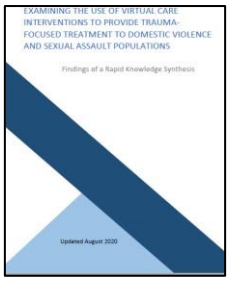
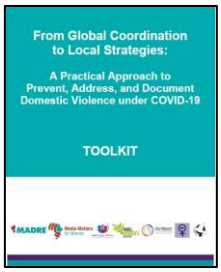
	**Miller, P., Cox, E., Costa, B., Mayshak, R., Walker, A., Hyder, S., . . . Day, A. (2016). *Alcohol/Drug Involved Family Violence in Australia.* National Drug Law Enforcement Research Fund.** https://www.aic.gov.au/sites/default/files/2020-05/monograph68.pdf This Australian report looks at the following questions from a statistical view: • What is the relationship between alcohol and drug use and FDV in the general population? • What roles do key demographic, social, and environmental factors play in the occurrence and severity of different types of FDV? • How do variables differ in people who experience FDV where AOD use is involved compared with those where AOD use is not involved? • What are the major trends in FDV in relation to incidents attended by police and the factors common to them across states and territories?
	**Rivera, E. A., Phillips, H., Warshaw, C., Lyon, E., Bland, P., & Kaewken, O. (2015). *The Relationship Between Intimate Partners Violence and Substance Use: An Applied Research Paper*.** http://www.nationalcenterdvtraumamh.org/2016/03/new-resource-the- relationship-between-intimate-partner-violence-and-substance-use-an-applied-research- paper/ This is an excellent applied research paper addressing the connections. They discuss: a) how commonly IPV and substance use coexist (e.g. women with recent history of IPV having nearly 6 times the risk of problematic SU) b) the temporal relationship between IPV and SU (e.g. it is often seen to be bidirectional) and c) the additional factors affecting the relationship between IPV and SU such as depression and trauma (e.g. women who have experienced IPV have nearly 3 times the risk of developing depressive disorder, and that PTSD may mediate the relationship between IPV and problematic substance use). They note a CEWH study about how the determinants of health affect all of IPV, SU, MH and experience of trauma. And they mention how these issues and factors when experienced together, affect help seeking and intensify stigma. The authors also outline the strengths and limitation of the research on IPV/SU connections; and see the limitations of the current research as having inconsistent conceptualization and measurement of IPV, highly varied measurement of SU and SUD as well as lack of inclusion of LGBTQ survivors in the research. They recommend that SU services understand IPV specific factors that influence survivors' access to and outcomes of SU treatment and that services be trauma informed, gender responsive and IPV integrated.
	**Ward, J. (2020). *Feminist Approaches to Specialized Mental Health Care for Survivors of Gender-based Violence*.** http://www.sddirect.org.uk/news/2020/06/harnessing-feminist- principles-and-approaches-to-improve-mental-health-care-for-gbv-survivors-in- humanitarian-contexts/ This learning brief provides a preliminary overview of basic principles and approaches to feminist-informed mental health treatment for survivors of GBV, particularly survivors who are experiencing symptoms of post-traumatic stress or other mental health conditions that cannot be resolved through more generalized GBV case management and/or psychosocial support. It discusses a tiered approach to treatment and support interventions from basic services that are socially and culturally safe, to safe community and family supports, structured emotional and practical support to clinical mental health care. It offers principles of and key approaches for the delivery of feminist-informed mental health interventions for survivors. In a preliminary way, it addresses the large gap in guidance related to mental health treatment and support for survivors.

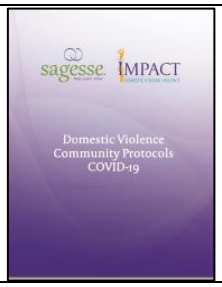
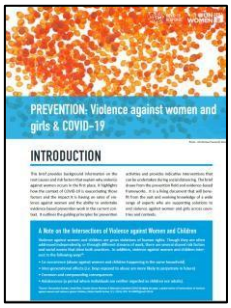
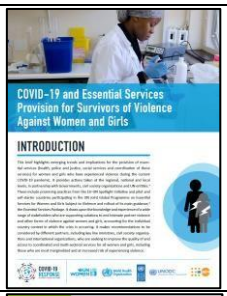
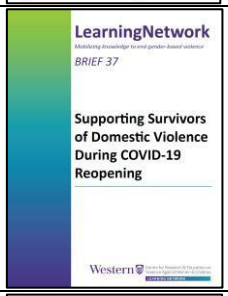
	**World Health Organization (2006).** ***Facts on Alcohol and Violence: Intimate partner violence and alcohol.*** https://www.canada.ca/en/public-health/services/health-promotion/stop-family- violence/prevention-resource-centre/women/who-facts-on-alcohol-violence-intimate- partner-violence-alcohol.html This paper discusses the links between IPV and alcohol use as: • alcohol use directly affects cognitive and physical function, reducing self-control and leaving individuals less capable of negotiating a non-violent resolution to conflicts in relationships • excessive drinking by one partner can exacerbate financial difficulties, childcare problems, infidelity or other family stressors • individual and societal beliefs that alcohol causes aggression can encourage violent behaviour after drinking and the use of alcohol as an excuse for violent behaviour • experiencing violence within a relationship can lead to alcohol consumption as a way of coping or self-medicating • children who witness violence or threats of violence between parents are more likely to display harmful drinking patterns later in life They discuss broad alcohol policy measures needed, and the role of public health in collecting disseminating info on prevalence of the two issues, promoting research on the connections, increasing awareness, promoting prevention, promoting multi-agency partnerships, advocating for legal changes and promoting screening and referral for both concerns.

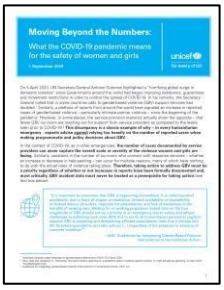
Reports on substance use related harms during COVID-19

	**Canadian Centre on Substance Use and Addiction. (2020).** ***Impacts of the COVID-19 Pandemic on People Who Use Substances: What We Heard*****.** https://www.ccsa.ca/impacts-covid-19-pandemic-people-who-use-substances-what-we-heard This report on qualitative interviews with 17 people who use substances and harm reduction service providers increases awareness and understanding of the ongoing challenges and risks faced by people with lived and living experience of substance use, their families and friends, and by people who provide peer support and harm reduction services, as they navigate the day- to-day realities of managing substance use during the COVID-19 pandemic with strength and resilience.
	**Canadian Centre on Substance Use and Addiction. (2020).** ***COVID-19, Alcohol and Cannabis Use*****.** https://www.ccsa.ca/covid-19-alcohol-and-cannabis-use-report This backgrounder to the infographic, *COVID-19, Alcohol and Cannabis Use*, describes some of the evidence-based associations between COVID-19, alcohol and cannabis use. It describes increased risks related to alcohol and cannabis use during the COVID-19 pandemic. People may experience emotions and face situations that could influence their alcohol and cannabis consumption. Changes in alcohol and cannabis consumption can lead to unintended and undesirable consequences. Furthermore, alcohol and cannabis use are associated with a range of diseases that can make a person more vulnerable to COVID-19 and influence the outcome of a COVID-19 infection.
	**Public Health Ontario. (2020).** ***Substance Use-Related Harms and Risk Factors during Periods of Disruption*****.** https://www.publichealthontario.ca/-/media/documents/ncov/main/2020/08/substance-use-related-harms-disruption.pdf?la=en This rapid review done in the context of the COVID-19 pandemic found that evidence is limited on SU-related harms and relevant risk factors during periods of disruption. Few studies reflected the voices and experiences of people who use drugs, considered inequities, or examined intersecting determinants of health for people who use substances. The most commonly cited SU-related harms were fatal and nonfatal drug poisoning. The main risk factors for increased substance use-related harms reflected a disruption in ways that people typically manage their drug use and access a network of supports.

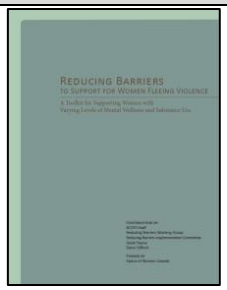
Reports on IPV Interventions during COVID-19

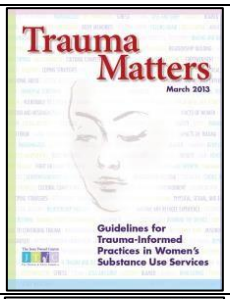
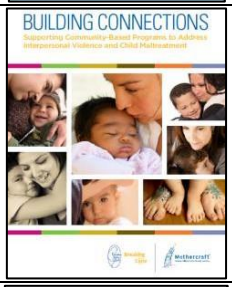
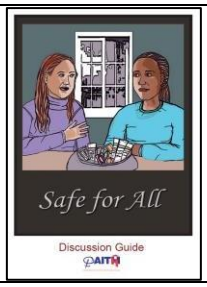
	**Centre of Excellence for Women's Health (2021)** ***Linking Practices on IPV and Substance Use*** https://bccewh.bc.ca/wp-content/uploads/2021/04/CEWH_Covid-Infographic_Linking-Practices.pdf This infographic supports awareness and action on the part of anti-violence workers, substance use service providers and first responders by: • Highlighting the relationship between IPV and SU, and situating these issues in the context of the COVID-19 restrictions • Pointing to common principles and promising practices shared by both fields • Providing links to websites and apps that describe "how to" discuss these issues and link people to the supports they may need. This infographic was developed in partnership with the Canadian Centre on Substance Use and Addiction, Women's Shelters Canada and the Justice Institute of British Columbia.
	**Centre of Excellence for Women's Health (2021)** ***COVID-19, IPV and Substance Use Connections and Implications*** https://bccewh.bc.ca/wp-content/uploads/2021/04/CEWH_CovidInfo_IntimatePartner.pdf This info sheet highlights the linkages between COVID-19, intimate partner violence (IPV) and substance use and points to the implications for practice, policy and training for service organizations and frontline workers. This info sheet was developed in partnership with the Canadian Centre on Substance Use and Addiction, Women's Shelters Canada and the Justice Institute of British Columbia.
	**Centre of Excellence for Women's Health (2021) Action on IPV and Substance Use in the COVID-19 Context** https://bccewh.bc.ca/wp-content/uploads/2021/04/CEWH_CovidInfo_Action.pdf This info sheet explores the trends in IPV and substance use in the COVID-19 context and provides information about adaptations to support on IPV, substance use and mental wellness, as well as integrated trauma-informed, equity oriented and survivor centered approaches to support. It reinforces how important IPV detection and awareness are in disasters and pandemics and how for those providing services for either IPV or substance use, enhanced understanding and deliberate investigation of the other issue is a must. Integrating awareness of both issues into ongoing help, service provision or health information is essential in order to fully respond to women's health needs. This info sheet was developed in partnership with the Canadian Centre on Substance Use and Addiction, Women's Shelters Canada and the Justice Institute of British Columbia.
	**Montesanti, S., Ghidei, W., Silverston, P., & Wells, L. (2020).** ***Examining the use of virtual care interventions to provide trauma-focused treatment to domestic violence and sexual assault populations: Findings of a Rapid Knowledge Synthesis*** https://cihr-irsc.gc.ca/e/documents/Montesanti_Initial-Knowledge-Synthesis_2020-06-23.pdf This rapid review found that despite the need, virtual care interventions are scarce and largely limited to online support tools that facilitate empowerment and self-efficacy of individuals who are currently in a violent or abusive relationship. It describes the evidence for online psychological therapies, and the provision of treatment via videoconferencing. The authors recommend RCTs be conducted that compare videoconferencing and in-person treatment with inclusion of larger samples and more structured outcome measures. The review also examined mobile applications and safety decision support aids provided virtually and noted some barriers for virtual care for at- risk populations experiencing domestic violence during the pandemic for both the providers and the clients. They noted that virtual delivery of care is largely accepted by practitioners and clients however the level of readiness of organizations to adopt virtual care in their practice remains an issue.
	**MADRE. (2020).** ***From Global Coordination to Local Strategies: A Practical Approach to Prevent, Address, and Document Domestic Violence under COVID-19 Toolkit*****.** https://www.madre.org/sites/default/files/PDFs/From%20Global%20Coordination%20to%20Local%20Strategies_0.pdf This toolkit is a helpful resource for local groups who have experience working on domestic violence issues. It provides strategies developed around the world, for local communities to adapt to their context when planning grassroots responses in the context of the COVID-19 pandemic. It includes approaches to: • text messaging, radio and social media content for violence prevention campaigns • effective approaches for addressing abuse in the environment of physical distancing, isolation, shelter - at - home policies, and remote work of many organizations • strategies to reach men under pressure in social isolation • work with LGBTIQ persons and persons with disabilities • recommendations for governments

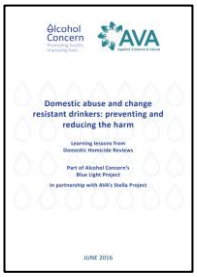
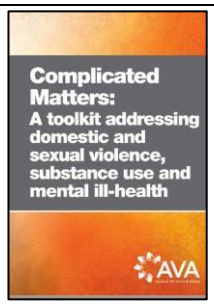
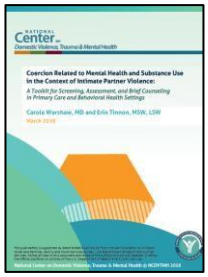
	***myPlan Canada*** https://myplanapp.ca/en/ myPlan Canada is a free app to help women with safety, well-being and planning if they have experienced abuse from current or past spouse, partner, boy/girlfriend. It's private, secure, personalized, and backed by research done in Canada. Increased attention to and use of this app has taken place in the context of COVID-19, including interviews with its developers.
	**Sagesse Domestic Violence Prevention. (2020).** ***Domestic Violence Community Protocols COVID-19*** https://www.sagesse.org/wp-content/uploads/2020/05/Domestic-Violence-Community-Protocol- COVID-update-May-13.pdf?mc_cid=ff4a6c88e7&mc_eid=36a0c5e6f1 Sagesse is an organization that works with organizations across Alberta to support women leaving shelters. They promote peer support and mentorship programming and provide educational workshops. This report supports local organizations to put in place protocols for service provision to survivors in the COVID-19 context
	**UN Women. (2020).** ***Prevention: Violence against women and girls & COVID-19.*** https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-prevention-violence- against-women-and-girls-and-covid-19-en.pdf?la=en&vs=3049 This brief outlines guiding principles for prevention activities and lists interventions that can be undertaken during social distancing. The brief draws from the prevention field and evidence-based frameworks. The authors note that prevention modalities that have proven to work will require thoughtful consideration and adaptation to the current context created by COVID-19 to ensure that unintended harm is not committed and that women's safety is placed at the centre of any undertaking. They note that is critical to ensure that short-term prevention interventions that are tailored to the immediate circumstances are linked to the medium and longer-term work required around gendered power dynamics and discriminatory norms that can transform societies to be more equitable, rights-based and peaceful.
	**UN Women. (2020).** ***COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls*** https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-covid-19-and- essential-services-provision-for-survivors-of-violence-against-women-and-girls- en.pdf?la=en&vs=3834 This brief highlights emerging trends and implications for the provision of essential services (health, police and justice, social services and coordination of these services) for women and girls who have experienced violence during the current COVID-19 pandemic. It provides actions taken at the regional, national and local levels, in partnership with Governments, civil society organizations and UN entities.
	**Nonomura, R., Baker, L., Lalonde, D., & Tabibi, J. (2020).** ***Supporting Survivors of Domestic Violence During COVID-19 Reopening. Learning Network Brief (37).*** http://www.vawlearningnetwork.ca/our-work/briefs/brief-37.html?utm_source=VAWLN+Mailing+List&utm_campaign=6fa205b268-Brief36_COPY_03&utm_medium=email&utm_term=0_4b8703155f-6fa205b268-269763955 This brief summarizes current research on the impact of COVID-19 on DV against women and children in the Canadian context and discusses why further efforts are needed to address the full scope of this impact in the context of post-pandemic reopening. The authors highlight some of the other factors that are necessary to consider ensuring that survivors receive the resources and the strengths-based, culturally appropriate, trauma- and violence-informed supports they need.
	**UNFPA. (2020).** ***COVID-19 Reporting on Gender-based Violence during Public Health Crises.*** https://www.unfpa.org/resources/covid-19-reporting-gender-based-violence-during-public-health- crises This is an interesting primer aimed at journalists who report on social justice and human rights, who are responsible for raising public awareness on the mounting challenges facing women and girls during this pandemic. The authors see this work as increasingly crucial, especially as a crisis of this magnitude reveals many of the underlying inequalities. The document describes how journalists need to exercise additional care when attempting to report on these issues in order to avoid causing harm to survivors, most of whom have no recourse during a pandemic to seek additional protection or help. They provide specific recommendations for approaching the work and guidance for editors and supervisors.

	**UNICEF. (2020).** ***Not just hotlines and mobile phones: GBV service provision during COVID-19.*** https://www.unicef.org/media/68086/file/GBV%20Service%20Provision%20During%20COVID- 19.pdf This brief sets out a number of alternative entry points for providing survivors without a phone or with limited technology connections to alert trustworthy stakeholders of their need for GBV services given the restrictions on movement as a result of COVID-19. It also provides ideas for linking such 'alert systems' with remote GBV support providers. In addition, consideration is given to other ways mobile phones can be used to support survivors - who do own, or have access to mobile phones, but cannot use them to dial, chat or text for support because of abuser surveillance. The authors also provide very specific suggestions of where GBV support services can be safely integrated.
	**UNICEF. (2020).** ***Moving Beyond the Numbers: What the COVID-19 pandemic means for the safety of women and girls.*** https://gbvguidelines.org/wp/wp-content/uploads/2020/09/Moving-Beyond-the-Numbers-What- the-COVID-19-pandemic-means-for-the-safety-of-women-and-girls.pdf This paper argues that the focus needs to be on prioritizing the safety of women and girls, over data gathering, across all aspects of the COVID-19 response. The authors recommend and provide examples of: 1. Ensuring GBV services are designated as essential and properly equipped to continue functioning safely 2. Proactively identifying potential entry points where survivors may seek help in a safe and confidential manner 3. Identifying longer-term investment opportunities to advance the safety and rights of women and girls
	**UNICEF. (August 2020).** ***RESPONDING TO THE SHADOW PANDEMIC: Taking stock of gender-based violence risks and responses during COVID-19.*** https://gbvguidelines.org/wp/wp-content/uploads/2020/09/Gender-Based-Violence-in-Emergencies-CP-Learning-Brief-Aug-2020.pdf This report describes emerging GBV risks in the context of COVID-19. It offers adaptations and innovations being seen in delivering GBV violence services and info during a pandemic e.g. in Italy the sending of tailored messages on topics such as stress management, parenting and violence services–intextmessages,livechats,"videopills"and infographics. The authors highlight the need for mobilizing and sustaining a response to GBV.
	**Women's Multicultural Resource & Counselling Centre. (2020).** ***COVID-19 and Safety Risks Young Women.*** https://wmrcc.org/wp-content/uploads/2020/05/COVID- 19_and_Safety_Risks_for_Young_Women.pdf This short communication from WMRCC is directed to young women about Developing a Safety Plan.

Canadian manuals offering guidance on addressing IPV and SU connections

	**BC Society of Transition Houses. (2015).** ***Reducing Barriers to Support for Women Fleeing Violence: A Toolkit for Supporting Women with Varying Levels of Mental Wellness and Substance Use.*** https://endvaw.ca/wp-content/uploads/2015/12/ReducingBarrierToolkit.pdf This toolkit designed for transition house or shelter workers, offers background information about the relationships between violence against women, mental wellness and substance use, and why it is important to provide services that recognize these interconnections. It offers core principles that guide promising practices and discusses how the promising principles may be applied. The inclusion of reflection questions throughout is a strength.

	**Jean Tweed Centre. (2013).** ***Trauma Matters: Guidelines for Trauma-Informed Services in Women's Substance Use Services.*** **Toronto, ON.** http://jeantweed.com/ This manual provides comprehensive guidance for implementing trauma informed approaches within substance use services for women. The guidance is also relevant for other services working with substance involved women, and system planners interested in the steps involved in changing organizational cultures, practice, policies, and infrastructures to become trauma informed. The document has 12 sections which together provide specific information about trauma informed practices at the clinical, organizational and systems level.
	**Leslie, M., Reynolds, W., Motz, M., & Pepler, D. J. (2016).** ***Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment*****.** https://www.mothercraft.ca/index.php?q=ei-connections This manual was developed to support service providers in community-based programs who work with women and children, where substance use and experience of violence and trauma are common. It considers the impacts of IPV on mothering and on child development and how organizations can respond to women living with IPV and support children identified as living with IPV. It offers practical information on working in a trauma informed way, for example on how to enhance emotional safety for women and children, build compassionate and respectful relationships, build collaborative community partnerships, and work with child protection authorities.
	**Mason, R., & Toner, B. (2012).** ***Making Connections: When Domestic Violence, Mental Health and. Substance Use Problems Co-Occur*****.** http://dveducation.ca/makingconnections/pdf/making_connections_training_manual.pdf This curriculum was prepared for workers in anti-violence, mental health and substance use services to support understanding and action on the connections that substance use and mental health concerns have with violence against women. It includes sections on 1. practice philosophies, 2. core information on all three issues, 3. the challenges faced by service providers due to the complexities of the co-occurring problems 4. suggestions for assessing, making safety plans, providing other basic supports, and making referrals, and 5. collaborating across systems and 6. self care on the part of providers.
	**Native Women's Association of Canada. (2017).** ***You Are Not Alone: A toolkit for Aboriginal women escaping domestic violence*****.** https://www.nwac.ca/wp-content/uploads/2015/04/NWAC-You-Are-Not-Alone-Handbook- with-weblinks.pdf This toolkit describes domestic violence and the links to colonization and the residential school system. It provides clear information for Indigenous women on DV, including early warning signs, safety planning, and the need for self care and healthy relationships after leaving. The kit makes two references to alcohol and/or drug use or addiction: 1) It lists coercion/forcing partners to use drugs and/or alcohol when they don't want to, as a form of physical violence and 2) It encourages those who have alcohol and drug problems/addiction to seek out help from counsellors, help lines and sober support networks as a part of leaving abusive relationships.
	**OAITH. (no date).** ***Safe for All: Discussion Guide*****.** https://www.oaith.ca/assets/library/SafeForAllmanualManual.pdf This discussion guide informs staff in VAW shelters about harm reduction strategies and philosophies. It discusses why it is important to support women who use substances in VAW shelters, the common barriers that women survivors who use substances face in shelters, and specific ways to support diverse women with on site harm reduction supports.

International resources offering guidance on addressing IPV and SU connections	
	**Alcohol Concern & Against Violence and Abuse (AVA). (2016).** ***Domestic abuse and change resistant drinkers: Preventing and reduction harm*** https://avaproject.org.uk/wp-content/uploads/2016/09/Alcohol-Concern-AVA-guidance-on-DA-and-change-resistant-drinkers.pdf This resource provides guidance for those who work with clients who are change resistant drinkers and who are perpetrating or experiencing domestic violence. The UK-based authors discuss the complex relationship between alcohol misuse and domestic abuse, and offer tools and techniques, for a range of different service providers and settings, on identification, risk assessment and brief advice on both issues, as well as safety planning when both issues are present.
	**AVA. (2013).** ***Complicated Matters – A Toolkit Addressing Domestic and Sexual Violence, Substance Use and Mental Ill-health. Stella Project*****.** https://avaproject.org.uk/wp-content/uploads/2013/05/AVA-Toolkit-2018reprint.pdf This is a very comprehensive toolkit providing guidance to professionals in the domestic and sexual violence sector, substance misuse services and mental health services (including primary care) on how they can deepen their understanding of these three inter-linked areas. The toolkit provides practical advice on how to understand the client's issues, ask about their experiences in a sensitive non- judgmental way, find out what their needs are while prioritizing safety, consider the needs of the family, and promote recovery.
	**Warshaw, C., & Tinnon, E. (2018).** ***Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings*****.** http://www.nationalcenterdvtraumamh.org/publications-products/coercion-related-to-mental-health-and-substance-use-in-the-context-of-intimate-partner-violence-a-toolkit/ This toolkit provides trauma-informed guidance on integrating discussion about mental health and substance use coercion into routine mental health and substance use histories and into in-depth intimate partner violence (IPV) assessments in primary care and behavioral health settings. This toolkit is intended to be used in conjunction with comprehensive guidance on trauma-informed approaches to screening, assessment, and brief intervention for intimate partner violence in healthcare, mental health, and substance abuse treatment settings. This resource offers excellent practice advice and wording for offering brief support in a way that integrates the complex understanding of the connections between substance use and VAW.
	**Arpa, S. (2017).** ***Women who use drugs: Issues, needs, responses, challenges and implications for policy and practice.*** **European Monitoring Centre for Drugs and Drug Addiction.** https://www.emcdda.europa.eu/system/files/attachments/6235/EuropeanResponsesGuide2017_BackgroundPaper-Women-who-use-drugs.pdf This paper offers an overview of issues facing subgroups of women who use substances including those experiencing trauma and violence. It discusses how there are international instruments, policy statements, drug strategies, best practices, guidelines, standards and reports at various levels about gender informed approaches yet gaps still exist. Recommended actions include reducing knowledge gaps in relation to women's drug use and appropriate responses; increasing awareness and promotion of gender-responsive policies and programmes; introducing and expanding services that meet the needs of women who use drugs, irrespective of drug of use, age or subgroup; gender mainstreaming of policies and practices; ensuring the participation of women who use drugs in policy and programme development; and providing coordinated and integrated services to address issues beyond drug use. They also recommend further epidemiological studies, sex-specific biomedical research, studies on treatment gaps, needs assessments, programme evaluations and cost effectiveness studies.

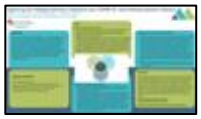
Appendix D - Grey Literature Graphical Representations

Infographics providing overview of issues related to IPV and COVID-19

	**Centre for Research and Education on Violence Against Women and Children, Western University (2020).** ***Intimate Partner Violence in a Pandemic: COVID-19-Related Controlling Behaviours***. http://www.vawlearningnetwork.ca/our-work/infographics/covid19controllingbehaviours/LN-COVID-19-Related-Controlling-Behaviours-PDF-1.pdf This infographic lists control and intimidation tactics already used by partners who cause harm, that may be used in the COVID-19-context.
	**Centre for Research and Education on Violence Against Women and Children, Western University (2020).** ***3 Considerations for Supporting Women Experiencing Intimate Partner Violence During the COVID-19 Pandemic*** http://www.vawlearningnetwork.ca/our-work/infographics/covid19safety/LN-Safety-COVID-19-PDF.pdf This infographic describes the following 3 considerations: • To help women increase their safety, it is important to listen to their suggestions and explore different options or choices as safety does not look the same for all women. • Normal safety measures for women may be significantly disrupted by social/physical distancing and services closing or operating at a limited capacity. Additional strategies are important to ensuring safety during a pandemic. • Compounding barriers to safety specific to the pandemic may also emerge. Discrimination and exclusion result in negative short-term and long-term impacts including revictimization, health difficulties, financial problems, and traumatic stress. Trauma informed approaches may be needed.
	**National Domestic Violence Hotline (2020).** ***COVID-19 Special Report*** https://www.thehotline.org/wp-content/uploads/media/2020/09/The-Hotline-COVID-19-60-Day-Report.pdf This report documents the impacts of the pandemic on IPV by analysing calls to the hotline over 3 months beginning March 16, 2020. It describes the age, gender, ethnicity of the callers. It documents the type of abuse the callers were experiencing, as well as an overall increase in calls (of 9%). It is of note that 16% of callers were experiencing digital abuse, defined as the use of technologies such as texting and social networking to bully, harass, stalk or intimidate a partner.
	**Ending Violence Association, & Anova (2020).** ***Pandemic meets Pandemic: Understanding the Impacts of COVID-19 on Gender-based Violence Services and Survivors in Canada, Executive Summary*** https://endingviolencecanada.org/wp-content/uploads/2020/08/Executive-Summary.pdf This infographic summarizes the findings of the Understanding the Impacts of COVID-19 on Gender-Based Violence Service Provision survey. The purpose of the survey was to learn about the impact of the COVID-19 pandemic from service providers and advocates who are working with survivors of gender-based violence (GBV) and/or delivering GBV-focused services across Canada. In the summer of 2020, 376 staff and volunteers in the GBV sector in Canada responded to this survey. They spoke about: • Concerns and challenges facing GBV workers and organizations during the COVID-19 pandemic. • Procedural and policy shifts that were necessary in light of the COVID-19 pandemic. • Impacts on survivors as understood by those actively supporting survivors. • Current and anticipated needs for GBV service provision.
	**Khan, F., & Vivash, K. (April 2020).** ***Key Impacts of COVID-19 Pandemic on Gender-Based Violence*** https://www.couragetoact.ca/blog/covid19gbv The writers of this blog provide a list of various ways that violence can manifest during the pandemic, including through financial abuse, withholding of supports, abusing family law and spreading misinformation.
	**O'Donnell, M. Peterman, A., Potts, A. (2020).** ***A Gender Lens on COVID 19: Pandemics and VAW and Children.*** **Center for Global Development.** https://www.cgdev.org/blog/gender-lens-covid-19-pandemics-and-violence-against-women-and-children The authors provide a visual of 9 (direct and indirect) pathways linking pandemics and VAW/C, through effects of (on): (1) economic insecurity and poverty-related stress, (2) quarantines and social isolation, (3) disaster and conflict-related unrest and instability, (4) exposure to exploitative relationships due to changing demographics, (5) reduced health service availability and access to first responders, (6) inability of women to temporarily escape abusive partners, (7) virus-specific sources of violence, (8) exposure to violence and coercion in response efforts, and (9) violence perpetrated against health care workers.

	**Ontario Network of Sexual Assault/Domestic Violence Treatment Centres and Women's College Research Institute (2020).** ***A Global Pandemic – Violence Against Women*** https://www.sadvtreatmentcentres.ca/assets/images/DomesticViolenceDuringPandemic.png This infographic describes how common VAW is and how it may escalate during COVID-19, become more severe and how the Sexual Assault/Domestic Violence Treatment Centres continue to provide care in the context of the pandemic.
	**UN Women (2020).** ***The Shadow Pandemic: Violence Against Women and Girls and COVID-19*** www.unwomen.org/en/digital-library/multimedia/2020/4/infographic-covid19-violence-against-women-and-girls This infographic illustrates how the outbreak of COVID-19 has intensified violence against women and girls and particularly domestic violence; how women with violent partners increasingly find themselves isolated from the people and resources that can help them and how the surge in COVID-19 cases is straining health systems including those at the front line in violence responses. It suggests that national responses to COVID-19 must include services to address violence against women and girls and strong messages to law enforcement and psychosocial support services.

Infographics on the connections between IPV & SU

	**Centre of Excellence for Women's Health. (2020)** ***Exploring the linkages between substance use, COVID-19 and intimate partner violence*** https://bccewh.bc.ca/wp-content/uploads/2020/10/Exploring-the-linkages-between-substance-use-COVID-19-and-intimate-partner-violence-CPHA-poster-1.pdff This poster outlines the complexities of the relationship between SU and IPV, with evidence of a bidirectional relationship, as well as multi-faceted contributing factors and numerous resulting health impacts. It advocates how detection and awareness of both issues is essential in disaster and pandemics; and how cross sectoral training must be enhanced to understand the additional burdens of IPV, substance use, and increased help seeking in the context of COVID-19.
	**NCDVTMH (2019).** ***Series of 6 infographics on DV, SU and MH connections*** http://www.nationalcenterdvtraumamh.org/2019/09/information-memorandum-from-samhsa-and-acf-calls-for-collaboration-on-domestic-violence-substance-use-and-mental-health/#infographics6 Based on an urgent call for collaboration at the intersections of DV, substance use and mental health USA based SAMHSA issued an Information Memorandum in Sept 2019. The Memorandum cites research with the following findings: • Domestic violence has significant mental health and substance use effects. • There are high rates of domestic violence among individuals seen in mental health and substance use disorder treatment settings. • Domestic violence is often targeted toward undermining a partner's mental health or substance use treatment and recovery. • Abusive partners undermine their partners' relationship with their children, creating risks for children's health, mental health and well-being. • Experiencing a mental health or substance use disorder places individuals at greater risk for being controlled by an abusive partner. • Stigma associated with substance use and mental illness contributes to the effectiveness of abusive tactics and can create barriers for survivors when they seek help.
	**Warshaw, C. (2017).** ***Relationships Matter.*** **SAMHSA.** This slide deck from a webinar sponsored by SAMHSA includes a presentation that offers both a statistical and analytical view of the intersections of IPV and SU and includes this image that stresses that decontextualizing measurement of acts of violence can lead to missing the important element of coercive control. The image captures how abusive partners may undermine a survivor's attempt to achieve sobriety, isolate a survivor from sources of support, use a survivor's dependence on substances as a way to further their control, use stigma of SU to call a survivor's credibility into question, including in custody cases, and implicate a survivor in illegal activities thus limiting access to help from law enforcement. 

Infographics about IPV Interventions in the context of COVID-19

The Alberta Council of Women's Shelters (2020). ***Series of 4 Information sheets***
https://www.mtroyal.ca/ProgramsCourses/FacultiesSchoolsCentres/HealthCommunityEducation/Departments/ChildStudiesandSocialWork/RelationshipViolencePrevention/index.htm#collapse-2488
ACWS have created a series of info sheets on signs of domestic violence, how COVID-19 may impact those living with domestic violence, and how to respond during COVID-19.

Calgary Women's Emergency Shelter (2020)
https://www.calgarywomensshelter.com/index.php/covid-19/covid-resources-and-services
The CWES has created several resources including

- A sheet of practical strategies for supporting victims of family violence & abuse during COCID-19
- A visual of resources available to women and men experiencing violence during COVID-19.

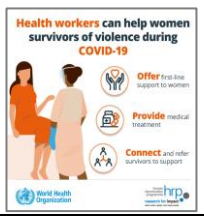
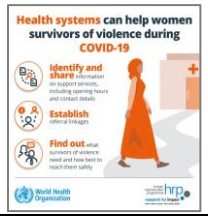
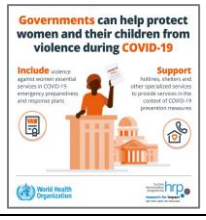
Canadian Women's Foundation (2020) ***Signal for Help***
https://canadianwomen.org/signal-for-help/
The Signal for Help was launched by the Canadian Women's Foundation in response to COVID-19 and is now being shared by partner organizations around the world.

Centre for Research and Education on Violence Against Women and Children, Western University
http://kh-cdc.ca/en/img/KH-infographic-covid-1.pdf
Situates VAW with other COVID related stressors and Identifies coping strategies such as:

- Recognizing choices you have
- Staying active
- Maintaining a healthy diet and sleep routine
- Knowing where to find support
- Staying grounded with mindfulness activities
- Connecting with others for a sense of community
- Doing an enjoyable activity daily
- Trying to maintain a daily routine

Global Protection Cluster (2020). ***Case Management, GBVIMS/GBVIMS+ and the COVID-19 pandemic***
https://gbvguidelines.org/en/gbvims-releases-remote-gbv-case-management-video-and-podcast-series-to-support-the-covid-19-response/
This graphic describes various options for online interventions. It is part of a suite of training materials that have been developed related to GBV Guidelines and specific methods, tools and recommendations for humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies. It encourages workers to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence across all sectors of humanitarian response.

Mount Royal University Relationship Violence Prevention and Research Centre (2020)
https://www.mtroyal.ca/ProgramsCourses/FacultiesSchoolsCentres/HealthCommunityEducation/Departments/ChildStudiesandSocialWork/RelationshipViolencePrevention/GetInvolved/SteppingUp/index.htm
This research centre adapted resources from the Calgary Women's Shelter and Western University to create a tailored fact sheet to support students to intervene with friends.

	**National Network to End Domestic Violence (NNEDV) (2020).** ***Tips for helping a friend experiencing domestic abuse during COVID-19*** https://static1.squarespace.com/static/51dc541ce4b03ebab8c5c88c/t/5e8e0ed3bcc74033b670a8d0/1586368212209/NNEDV+COVID+Tips+FINAL.pdf This infographic offers five ideas on how to support individuals who are experiencing domestic violence. Some suggestions include: ask friends how they would like to connect, continue to keep in touch, be supportive, help them think through how to stay safe, and help them find a domestic violence hotline.
	**Women's Aid UK (2020).** ***How Can You Help? Advice for Friends, Family, Neighbours and Community Members*** https://www.womensaid.org.uk/wp-content/uploads/2020/05/NEW_For-Community_COVID-19-and-Domestic-Abuse-Sexual-Violence-and-GBV_Galop-addition.pdf This resource provides advice for friends, family, neighbours and community members about how they can help survivors of domestic abuse and other forms of gender-based violence. It includes explanations of violence experienced by diverse survivors, addresses myths, provides concrete information about what people can do if they are worried that someone is in danger and links to a wide range of services.
	**Women's Aid UK (2020).** ***Safety and Wellbeing Advice for Survivors*** https://www.womensaid.org.uk/covid-19-coronavirus-safety-and-support-resources/ This 15-page resource provides links to supports for survivors across the UK including online support, specialist support for diverse groups of women and girls, online safety planning resources, housing and refuge options, financial advice, and mental wellbeing and self-care resources. They mention that many survivors use alcohol or drugs as a mean to cope and encourage survivors to access support from specialist drug and alcohol services as well as online support from a site entitled *We are with You* that has practical advice for helping people to "cut down or stop drinking or using drugs (or just stay safe and healthy)". See https://www.wearewithyou.org.uk/help-and-advice/advice-you/
   	**World Health Organization (2020)**. These simple but effective infographics encourage action at the individual, health worker, health system and governmental levels. https://www.who.int/images/default-source/infographics/covid-and-vaw/vaw-covid-2