

Caring labour and domestic violence shelter work in the COVID-19 pandemic

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ABSTRACT

Caring labour has long been a key part of the labour required of domestic violence shelter workers. Under the weight of public health directives during the COVID-19 pandemic, the nature and consequences of this caring labour changed. This paper examines these shifts within the broader context of the enduring invisibility of caring labour and the depoliticization of anti-violence work, both of which began long before the COVID-19 pandemic and has endured after. Drawing on 38 semi-structured interviews with shelter staff and residents working and living in domestic violence shelters in Ontario, Canada in 2022, we examine the pandemic-related shifts in shelter work and their wide-reaching consequences for workers, survivors, and anti-violence work.

The caring labour economy, which is largely feminized, devalued, and underpaid, became a “shock absorber” (John et al. 2020:66) during the COVID-19 pandemic. During this time, shelter-in-place orders, which exacerbated the vulnerability of individuals experiencing domestic violence (DV), were widely implemented (Bradbury-Jones and Isham 2020; Smyth et al. 2021; Wenham 2020; World Health Organization 2021). Scholars have noted that pandemic care labourers, most of whom were women, in hospitals, clinics, classrooms, and kitchens took on the work of caring for the sick, young, and elderly (John et al. 2020; Wenham 2020; Wenham, Smith, and Morgan 2020). In DV shelters, workers were caring for those in crisis and performing a distinct form of caring labour that has received limited attention by scholars and publics alike, not only during the COVID-19 pandemic, but in the years before and after.

Caring labour has long been a key part of the work required of DV shelter workers. Scholars have conceptualized caring labour as service provision that involves building human capacities and skills (England, Budig, and Folbre 2002), developing safe physical spaces, and fostering social relationships (Glenn 2010). In DV shelters, caring labour also entails the distinct, politicized work of rejecting hierarchical relations between service providers and survivors, cultivating communal settings, and prioritizing survivor autonomy (Quinlan and Singh 2020). This labour often derives from a feminist praxis dedicated to ensuring that DV survivors experience the antithesis of patriarchal dynamics of power and control in shelters. While challenges to the political dimensions of feminist caring

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labour have been ongoing since the late 20th century, the COVID-19 pandemic ushered in new and unanticipated pressures that shifted the nature and consequences of shelter workers' caring labour.

This paper examines the impacts of public health directives developed to contain the COVID-19 pandemic on DV shelters in Ontario, Canada, and their consequences on feminist caring labour. Drawing on 38 qualitative, semi-structured interviews with shelter staff and residents working and living in DV shelters located across Ontario in 2022, we provide a lens into pandemic shelter living and the unique challenges DV shelters faced through their public health governance as congregate care settings. Although public health directives were necessary and effective in managing the risks of COVID-19, they impacted shelter work in notable ways. Drawing on narratives from survivors and workers in shelters, we show how the feminist praxis of DV shelter work was challenged under the weight of pandemic regulations and in the context of broader pressures to depoliticize the anti-violence services sector. Examining these shifts provides insight not only into shelter work in pandemic times, but also the ongoing pressures on a form of caring labour in the gender-based violence services sector that has been underexamined in caring labour scholarship.

The governance of DV shelters during the pandemic as any other congregate setting, which required that staff implement physical distancing, limit contact between residents, and restrict their movement outside the shelter to reduce the risk of illness (Lapierre et al. 2022; McLean and Wathen 2021; Michaelsen et al. 2024), generated an additional emotional tax on shelter workers, as this study's data illustrate. The Canadian Federal and Provincial governments' neglect of the unique organizational dynamics of DV shelters was undoubtedly a consequence of the sudden onset of COVID-19 and the lack of precedent in managing a pandemic. However, this oversight was part of the ongoing depoliticization of feminist-based, anti-violence work: a process that emerged in the 1970s, well before the onset of the COVID-19 pandemic, and during a time when DV was first acquiring greater recognition as a social problem (Bumiller 2008). While the literature examining the impact of pandemic directives on DV shelters in Canada, Australia, United States, and other countries has drawn attention to the unique constraints workers encountered when enforcing restrictions (Baffsky et al. 2022; Lapierre et al. 2022; McLean and Wathen, 2021; Michaelsen et al. 2024; Pless et al. 2024; Wathen et al. 2022; Women's Shelters Canada, 2020), our analysis differs in two key ways. First, we contextualize the shifts in political praxis as an ongoing process, rather than an incidental phenomenon that began with the pandemic. Second, we analyse shelter workers and resident narratives in tandem. Incorporating resident narratives reveals how shelter workers "walked the line" between enforcing rules and regulations and remaining committed to feminist praxis despite the authoritarian demeanors they were required to adopt to enforce pandemic regulations.

We begin this analysis with a discussion of the distinctions between caring labour and feminist caring labour, drawing on scholarship on caring labour and feminist movements. We then draw on our interview data from shelter workers and residents to illuminate how COVID-19 directives transformed caring labour and rendered its delivery as political praxis more difficult. Interviews revealed how shelter workers navigated pandemic-related tensions in their work and their seemingly conflicting roles as feminist caring labourers and public health restriction enforcers, while shelter residents discussed the challenges of shelter living during the pandemic. While these tensions took a toll on both workers and residents, we explore how many residents experienced DV shelters as a pandemic "lifeline" and shelter workers' caring labour as a crucial support during a time of crisis. Together, shelter workers' and survivors' narratives not only illustrate the shifts in feminist caring labour during the COVID-19 pandemic; they also provide a window into an undervalued and largely invisible form of feminized labour and the enduring pressures on DV shelters before, during, and after COVID-19.

CONTEXT

Caring Labour

For the past several decades, scholars have been calling attention to what some have called the "care crisis" of the 21st century (Glenn 2010:1; see also Duffy 2005). Increases in women's participation in the labour market, aging populations, and changing family structures have increased the demand for paid caring labour (Glenn 2010; Razavi and Stabb 2010). Jobs that involve caring for others,

commonly held by women, particularly poor women and women of colour, have been increasing since the early 21st century (Glenn 2010; Razavi and Staab 2010), so much so that in 2013, Dwyer argued, “the new economy is also a care economy” (391). The COVID-19 pandemic exacerbated this “care crisis” by increasing the number of people requiring physical, emotional, and psychological care and further entrenching the disproportionate burden that care work has placed on women (Wenham 2020).

In the face of these shifts, scholars have been working to define the nature and responsibilities associated with this labour. In 2002, England et al. proposed that care work includes “occupations in which workers are supposed to provide face-to-face service that develops the human capabilities of the recipient” (455). Building on this definition, Duffy (2005) drew a distinction between *nurturant* care work, which commonly involves face-to-face interaction with care recipients to develop cognitive, emotional, and physical skills, and *reproductive* care work, which involves the manual labour of cleaning and cooking for others. Care work scholars point to several other defining features of caring labour. First, many argue that caring labour is structurally and culturally devalued, which is commonly reflected in the low wages and limited job security (Duffy, Armenia, and Stacey 2015; Dwyer 2013; England 2005; Morgan and Farrar 2015; Razavi and Stabb 2010). Second, despite its devaluing, many scholars assert that care work, both paid and unpaid, contributes to the public good, benefiting not just the care recipient, but also the society in which they are a part (Dwyer 2013; Razavi and Stabb 2010). Teachers, social workers, nurses, childcare workers, and to varying extents, cooks and cleaners, have been the primary focus in this literature.

Largely missing from the caring labour literature is an examination of care work in the gender-based violence services sector and its politicized dimensions. While this form of work shares similarities with nurturant care occupations, what renders feminist caring labour unique is its sensitivity to the structural oppressions that fuel vulnerabilities to gender-based violence. Our analysis reveals how COVID-19 public health regulations developed for congregate settings overlooked these distinctions between anti-violence and caring labour, and in the process, challenged the political praxis so central to the former.

Shelter Workers as Caring Labourers: The Personal is Political

Caring labour in the Canadian gender-based violence services sector began as a politicized form of labour. Emerging out of feminist consciousness raising groups of the women’s rights movement in the 1960s, feminist anti-violence activists in the early 1970s started building shelters for women and children fleeing abuse (Goodhand 2017; Neigh 2012). Typically, shelters were non-hierarchically organized, run on volunteer labour, and sought to provide communal supports for survivors. Many activists understood their work as a form of political resistance to the systems of oppression they saw fuelling violence against women (Goodhand 2017). In this context, where the personal was understood as inherently political (Goodhand 2017), caring for a woman fleeing abuse was not just caring for an individual, but was also a political form of care work aimed at disrupting systems of oppression. Like other forms of care work, caring labour in these early shelters was aimed at enhancing the public good, but not for the purposes of creating more productive workers or for skill development. Instead, this caring labour was commonly geared towards challenging gender-based oppression by supporting those targeted by it, and in so doing, creating a more equitable society.

The emphasis on power relations and social transformation in early DV shelter work differentiated it from the therapeutic service provision typically associated with nurturant forms of caring labour. Shah and Mufeed highlight similar distinctions between feminist and traditional social work practice, arguing that the former is built on a critique of hierarchical “expert-client” relationships and individualized understandings of gender-based violence often reflected in traditional therapeutic practices. They describe feminist social work as a “counter-practice” (2023:83) designed to challenge the notion that DV is an individualized problem and re-envision service provider-client relations as a “partnership . . . [rather than] authoritarian” (83). Caring labour within the context of DV shelter work developed with similar aims to not only provide survivors with a refuge from violence, but to also to challenge the oppressions that rendered women vulnerable to male violence.

The political dimensions of grassroots feminist anti-violence services, which appear to clash with the individualized interventions that characterize many other forms of caring labour, may be in

part why shelter work has received limited attention in caring labour scholarship. However, when shelter work is examined in the context of this broader literature, the parallels are notable. Shelter work embodies the three activities Evelyn Nakano Glenn identifies as definitive of both paid and unpaid caring labour: 1) providing “services to help people meet their physical and emotional needs”; 2) maintaining “the immediate physical surroundings/milieu in which people live”; and 3) “foster[ing] . . . relationships and social connections” (2010:5). DV shelter workers provide a range of face-to-face services that attend to survivors’ physical and emotional needs including, individual and group counseling, crisis management, and assistance with social welfare and legal bureaucracies. Shelters also operate as communal spaces designed to facilitate new relationships between survivors with the objective of becoming “a life-saving refuge, free from the quotidian dangers of male violence against women” (Goodhand 2017:1).

Pressures on Shelters before, during, and after the COVID-19 Pandemic

State pressures to professionalize and credentialize shelter work over the last several decades have challenged the political dimensions of feminist caring labour in DV shelters (Bumiller 2008; Burnett et al. 2016; Goodman and Epstein 2008; Lehrner and Allen 2009). According to Bumiller (2008), when the feminist movement’s demands that DV be recognized as an urgent social problem reached the mainstream in the 1970s, many state actors, government institutions, and professionals materialized as “experts” to manage the problem. This dispersal of the “ownership” of gender-based violence (Mann 2000), along with the increasing involvement of state bureaucracies in responses to survivors, challenged the political analyses of violence against women that feminist activists fought hard to define and promote. This shift instigated new individualized understandings of gender-based violence and medicalized treatment models that bore little resemblance to the politicized forms of caring labour that grassroots feminist activists first envisioned (Bumiller 2008).

Domestic violence shelters’ reliance on state funding also challenged the sector’s ability to deliver services in accordance with its feminist praxis. Government funding requires shelters to implement practices and policies that narrowly define “survivors’ needs” and subject shelter residents to heightened rules and limitations on services (Burnett et al. 2016; Goodman and Epstein 2008; Harris, Wathen, and Lynch 2014; Lehrner and Allen 2009). Scholarship examining the impact of government funding on DV shelters highlights a range of negative consequences, including ongoing inadequate funding and pressures to implement hierarchical organizational structures and bureaucratized and professionalized services (Beaudry 1985; Bumiller 2008; Weiner 1991). Research on the enforcement of shelter regulations also finds that rules can be a source of struggle for survivors, particularly when applied inconsistently (Gregory, Nnawulezi, and Sullivan 2021; Tutty, Weaver, and Rothery 1999) and may undermine the empowerment model on which shelters were built (Burnett et al. 2015; Glenn and Goodman 2015).

Shelter Rules and Regulations and the COVID-19 Pandemic

The emergence of the COVID-19 pandemic in March 2020 and the resulting shelter-in-place directives posed new challenges to the existing struggles shelter workers confronted in delivering feminist forms of caring labour within Canada and globally (Burd et al. 2023; Lapierre et al. 2022). The realities of heightened COVID-19 transmission risks in congregate settings meant that shelter workers had to take unprecedented measures not only to ensure shelters remained refuges from violence but also to provide protections from infection (Mantler et al. 2023; Michaelsen et al. 2024; Wathen et al. 2022) through the implementation of public health directives on quarantines, testing, sanitization, and masking. While these objectives were not in opposition, the practices to achieve them often conflicted.

The impacts of COVID-19 directives on DV shelters have been the subject of scholarship in Canada and beyond (Lapierre et al. 2022; McLean and Wathen 2021; Women’s Shelters Canada 2020). This literature has revealed a variety of pressures on DV shelter services during the COVID-19 pandemic, including reorganizing collective spaces for physical distancing, a resulting loss in capacity, and the need to overcome new obstacles for service delivery. A study of pandemic space restrictions revealed an overall average loss of 27 percent of shelter floor area in 15 shelters across Ontario (McLean et al. 2023). In a study of 167 Canadian DV services, Michaelsen et al. (2024) found that organizations were still struggling with inadequate space, as well as financial and staffing challenges, eighteen months into

the pandemic. Similar trends were observed in DV shelters in Australia (Baffsky et al. 2022), Portugal (Cunha, Matos, and Gonçalves 2024), Central Asia (Karabay, Akhmetova, and Durrani 2024), and the United States (Merken et al. 2023; Pless et al. 2024).

This study builds on current literature on DV shelters during the pandemic in several ways. First, this study extends the literature highlighting shelter staff experiences (Burd et al. 2023; Garcia et al. 2022; Merken et al. 2023; Michaelsen et al. 2024) and shelter services (Cortis et al. 2021; Lapierre et al. 2022) during the pandemic to look at a specific form of labour in DV shelters. Second, adding to existing work that has examined shelter workers and survivors experiences in isolation (Mantler et al. 2023; Wathen et al. 2022; Women's Shelters Canada 2020), we analyse the experiences of shelter staff and residents in tandem to examine how feminist caring labour in DV shelters shifted during the COVID-19 pandemic and against the backdrop of ongoing pressures on DV shelters that began before and continued after the pandemic.

METHODOLOGY

We conducted 38 in-depth interviews with shelter workers (22) employed at DV shelters across Ontario and DV survivors (12) who lived in Ontario shelters during the pandemic. Between fall 2021 and spring 2022, a call for interview participants was distributed via email to all 300 DV shelters in the province, with the assistance of the provincial umbrella organization for DV shelters. In order to increase the diversity of participants, targeted recruitment was conducted at DV shelters delivering services to Indigenous Canadian and migrant women in Northern Ontario and Toronto. Interview participants were located at shelters in both urban and rural areas of Ontario, with the majority located in southeastern and western Ontario. The shelter workers we interviewed fulfill a variety of roles, including transitional support and outreach workers, volunteer coordinators, program managers and executive directors. The survivors we interviewed had all resided in an Ontario DV shelter at some point during the pandemic. Interview participants received gift cards to thank them for their time and expertise. The interviews were conducted over Zoom or phone. All the interviews were audio-recorded and transcribed verbatim, with the exception of two, in which the participants requested that notes be taken instead. Survivor participants chose their own pseudonyms, which are used in the analysis below.

The study's data collection was guided by the overarching question: what impact did the COVID-19 pandemic have on the feminist caring labour within DV shelters in Ontario? During the interviews, shelter workers and survivors shared their experiences of providing and receiving support in DV shelters during the pandemic. We asked shelter workers about the challenges they faced supporting survivors' emotional and physical needs during the pandemic, their working relationships with others in the shelter, and what supports they feel they need as workers now and in the future. We asked survivors about the care they received from shelter workers and its impacts. At multiple stages throughout the data collection, the research team met to discuss emergent themes and further questions to explore in subsequent interviews.

Drawing on Timmermans and Tavory's (2012) abductive approach to qualitative analysis, we used Glenn's (2010) conception of caring labour to guide the preliminary coding of the interview data. During this coding, Glenn's work and related scholarship helped us develop what Timmermans and Tavory call a "cultivated theoretical sensitivity" (2012:180) to the pandemic-related shifts in caring labour in DV shelters. The analysis was completed using the qualitative coding software, MaxQDA. The research team divided the transcripts, such that two members conducted a close detailed reading of each one, paying particular attention to the diverse forms of caring labour that workers performed and survivors received and the varying impacts of this labour. Following Timmermans and Tavory's suggestions for qualitative analysis, when coding, we looked specifically for "surprising research evidence" (2012:167) and unexpected responses, and used both to further refine the shared list of thematic codes within the coding software. The research team met frequently to discuss the codes until consensus was reached.

As the following illustrates, shelter workers and survivors reflected on the distinct and changing nature of caring labour in DV shelters during the COVID-19 pandemic and its wide-ranging impacts. While focused on the pandemic context, this analysis offers broader insights into the labour within and ongoing pressures on DV shelters before, during, and after the pandemic.

FINDINGS

Increasing Demands on Shelter Workers within the COVID-19 Context

The pandemic exacerbated existing pressures on DV shelters in Canada and elsewhere by increasing the demand for shelter services and workers' caring labour. While few people accessed shelter services during the first lockdown in March 2020, when it ended, one shelter worker said that "the floodgates opened." Another recalled, "the influx was incredible." The demand has been "a steady increase," another worker reported, since the beginning of the pandemic.

Shelter workers reported that meeting the increased demand for services was compounded by other pandemic-related pressures, such as new capacity limits in shelters, which increased wait times for survivors needing safe housing. Describing the rapid increase in their shelter's waiting list, one worker explained: "We usually carry a waitlist, folks who are waiting to get into safe housing, and that historically has been less than 10 families. Right now, we're sitting with 62 families on our waitlist." Another worker described how pandemic capacity restrictions reduced the number of women and children they were able to help:

We've been having to run at 50 percent capacity within the shelter to essentially give the women opportunity to socially distance. . . . That's been quite honestly pretty brutal because we're a fairly small shelter to begin with. . . . We've had to turn a lot of women away.

Although shelters operated at reduced capacity, the enhanced cleaning measures and screening protocols in shelters and survivors' heightened pandemic-related needs increased workers' responsibilities. One worker shared, "we don't technically have all of our beds filled, it feels like we're just as busy as when we did have them all filled." Another worker stated, "if we thought the demand was bad before, we have a whole new perspective of what bad really is." Participants discussed how this "new perspective" of bad was shaped by the length of the pandemic, as it stretched into its second year. Many shelter workers discussed the negative impacts of changing COVID-19 restrictions, with one saying, "we have received directives and rules and procedures daily for two years and having to shift on the fly regarding that has been exhausting." Pointing to these ongoing changes in shelter procedures, another worker reported, "It's been chaotic and it's been stressful. It contributed to what we referred to as COVID fatigue." A participant summed up the experience of shelter workers who were balancing the demands of the work amid the increased demand for services and ongoing COVID-19 restrictions by stating, "We can't say, 'No, sorry, we're not doing this anymore, we've reached our capacity.' We can't do that. One of the challenges has been to do more with less in many respects." The ability "to do more with less" took an emotional toll on shelter workers as they were forced to redefine their work as feminist caring labourers.

The Changing Nature of Feminist Caring Labour during COVID-19

Pandemic regulations that were developed to mitigate the risks and transmission of COVID-19 changed the shape of shelter workers' caring labour and challenged workers' ability to maintain a feminist praxis. Shelter work has always involved a delicate balance between the three caring labour activities that Glenn (2010) describes: providing services, building and maintaining physical spaces, and nurturing social relationships and connections between those in shelter. The pandemic altered this balance. Mitigating the risks of COVID-19 infection and transmission in shelters left many workers feeling that their work had become more about maintaining the safety of physical shelter spaces than meeting survivors' emotional and physical needs, as well as facilitating the social connections with and between survivors in ways that supported survivors' autonomy and challenged patriarchal forms of power.

The new responsibilities of sanitizing furniture, computers, appliances, phones, and communal surfaces, along with temperature checks and regular COVID-19 screening for residents and staff, reduced the time workers had for other forms of support. In this context, meeting survivors' physical and emotional needs became more difficult. One shelter worker described how "all of our COVID protocols . . . takes away from the actual support that needs to be offered." Another explained their impact on the support and sense of connection workers could offer survivors:

Say they want to sit down and talk, and you haven't been able to clean yet. You have to tell them "no" because it has to be done. It's frustrating because you care about them . . . you want to be there to do what you were hired to do and not sanitize things for the 20th time. Those are two pieces of your brain that are warring with each other and it's challenging.

While meeting the physical and emotional needs of survivors remained part of pandemic shelter work, workers' focus on maintaining COVID-safe physical shelter spaces made this aspect of caring labour more difficult to perform.

Adding further complexity to shelter workers' caring labour were the pandemic rules that altered the social connections and relationships in shelters that pre-pandemic, many workers saw as a way of combating women's isolation and broader patriarchal forms of power. Shelter workers described how pre-pandemic, their job involved facilitating relationships, peer support, and social connections between the women in the shelter. During the pandemic, however, their work commonly involved restricting those connections. Asking families to maintain social distancing requirements, "keep to themselves" to reduce transmission, and "t[aking] away some of the chairs" in communal spaces were examples of workers' new responsibilities. Many explained that this work impacted survivors' healing. Even as public health restrictions shifted over the course of the pandemic, one shelter worker reported that the negative impacts on survivors of violence remained:

They can't congregate in the same way, they can't sit at the table and talk about the same things because they have to stay in their own spaces for the majority of the time . . . There's not the same kind of bonding that happens. That's a part of healing for a lot of women.

In the pandemic context, caring labour shifted further away from the communal and politicized form of grassroots feminist caring labour discussed above. Another shelter worker explained:

One of the biggest benefits of coming to shelter is breaking down the isolation that many abused women live with when they live with [an] abuser. Having the women gather around the kitchen table and share their stories . . . that can't happen because we can't gather. That very grassroots approach has had to change to be more individualized. Where we would have that one-on-one conversation and offer those hugs and that physical support, we're not able to do that.

One worker expressed frustrations with how far she felt shelter work in the pandemic had drifted from the original conception of DV shelters: "That's not the premise that the grassroots feminist movement was based on; it was about supporting and it was about coming together and it just felt very disjointed." Many shelter workers expressed worry about the lasting impacts of these pandemic changes to shelter services on survivors, with one saying, "We got the job done but do they have that sense of belonging to the agency or sense of fulfillment from that helping relationship?"

The necessity of personal protective equipment to reduce COVID-19 transmission also altered the nature of caring labour in shelters, and the resulting relationships and emotional connections that staff could develop with residents. Describing this dilemma, one worker said,

Personally, I find that their walls, their boundaries, their protectiveness of themselves, stays up much longer, and it takes really much longer for them to open up to us because we have to stay that 6 feet away, we have to keep the masks on, we have to keep the shields on. There's that level of properness to everything that makes it hard for people to open up to each other.

Highlighting the emotional cost of this distancing, another explained, "Sometimes you see these women, they're coming in, they're crumbling, and all you want to do is hug them, but you're not allowed to . . . You're supposed to wear full PPE. I feel like that can also send a message that like, 'You're infected. This is why I look like this.'"

Supporting and Restricting Survivors: Tensions in Shelter Workers' Pandemic Caring Labour

All the shelter workers we interviewed expressed support for pandemic public health directives and the rules shelters adopted to uphold them. Some workers reflected on the dangers of working in a

congregate setting in a pandemic and noted how their shelters' rules of physical distancing, mask wearing, COVID-19 testing, and vaccine requirements offered them a sense of safety. However, many shelter workers also described how emotionally draining it was to adopt their new roles as social distance and mask rule enforcers. Despite shelter workers' commitments to non-hierarchical service provision and survivor autonomy, many felt they had no choice but to engage in more authoritarian practices to ensure compliance with pandemic directives. The result was, according to one shelter worker, a "hard balance" between protecting residents from COVID-19 and facilitating a supportive environment where survivors could dictate the terms and conditions of their daily lives. Being placed in a situation where they had to work against what they saw as the fundamental principles of their feminist caring labour took a toll on workers and filled many with an unease that pandemic shelter living bore an eerie resemblance to the coercive control survivors were subject to in the abusive homes they had fled.

One shelter worker remarked that the regulations were "so restrictive" that enforcing them "felt like you were becoming their abuser." Her concern over the amount of control she was required to exercise over survivors made her feel like her work was "no longer shelter work." Another shelter worker said she felt like survivors were leaving one coercive environment only to be in another:

Coming from an abuser, who might be controlling in that way like, "No you're not allowed to do this . . ." and to move out of that environment into another environment that's like, "No, you can't do this." We want women here to be empowered to choose, to make their own decisions, but then we're putting all these boundaries and rules on them.

Many shelter workers also feared that their new roles as the "social distance enforcers" and the "mask police" negatively impacted their abilities to build trust, solidarity, and relationships with women in shelter. One explained,

We become the mask police and distance police. We run around the shelter telling people like, "Got to be 6 feet away, put your mask on. Where's your mask?" All of a sudden, I'm policing people. It's contradictory because here I am trying to build relationships with clients. Trying to get them to open up, talk to us . . . trust us, but I'm the same person who's giving them shit for not having their mask on . . . it's hard when you're building relationships to also be that person.

Shelter workers particularly lamented being forced to impose limits on survivors' movements outside the shelter. To remain compliant with public health directives, shelter workers were required to assess whether survivors' requests to leave were "essential" or "non-essential" and then grant them their leaves accordingly. One shelter worker described the impossibility of developing an objective determination of whether a trip was essential or not, and relayed her discomfort making this determination. Another underscored how the enforcement model clashed with the client driven, feminist-based counseling model that she and others in her shelter deployed:

We pride ourselves on working from a feminist-based counseling perspective that is client-driven. If you come here . . . you're the lead, we're here for support. . . . Previously, women could easily come and go as they please. . . . Then all of a sudden, you have to put a ton of rules. . . . It's really shifted from a service model to this enforcement model.

Enforcing quarantine directives to manage infection risks in the shelter was another struggle. One shelter worker felt that implementing these directives was akin to the techniques of control that abusers use to isolate survivors from the outside world. One said:

When a woman comes to shelter for the first 14 days, they have to isolate, and they can't go out into the community at all. Two weeks in communal living without being able to actually interact is terrible. It's borderline cruel to some women. It's awful and a lot of us don't agree with it, but there isn't an alternative.

While shelter workers saw the implementation of public health directives during COVID-19 as unavoidable, the nature of feminist caring labour shifted in this context. Pandemic shelter work required striking a new balance between the work of maintaining a physically safe shelter environment with the other aspects of caring labour that were aimed at meeting survivors' physical, emotional, and social needs—work that many saw as deeply connected to feminist praxis. Describing this further, one shelter worker explained “a really big challenge is finding that fine line between supporting them [survivors] and restricting them.” The work of finding the “fine line” between supporting *and* restricting survivors added a new dimension and weight to feminist caring labour in shelters, which took a toll on workers.

Consequences of a Redefined Caring Labour

“I’m burnt the hell out”: impacts on shelter workers’ health. The changing nature of shelter work and the pressures of providing feminist caring labour during a pandemic had negative impacts on shelter workers’ health. Pandemic shelter work was, according to one worker, “way more exhausting than what normal shelter work would have been,” because, as another said, “you’re experiencing the same level of anxiety as your client. That’s not normal.” Summarizing these challenges, another worker stated, “It’s hard to be positive when it feels like the whole world’s on fire, and you come to work, and the whole world is on fire, too.”

Shelter workers’ increased workload during the pandemic was intensified due to the reductions in staff, relief workers, and volunteers. Sickness, capacity restrictions, and government regulations preventing staff from working in more than one congregate setting during the pandemic also increased both the intensity and length of workers’ shifts. “We have so much on our plates, it’s just exhausting,” one interviewee said.

In addition to the physical stress of the work, shelter workers described the heightened vicarious trauma and compassion fatigue they experienced. Reflecting on the first two years of the pandemic, one said, “every feeling and every emotion associated with this job has happened every week for two years.” Another explained, “it’s like, we are going through PTSD. We are going through vicarious trauma.” Explaining this further, another worker reflected, “The emotional toll of that, having to support people in such a different way, it shifted how people felt about the work.”

The strain on shelter workers’ mental and physical health led to significant burnout for many. One shelter worker explained, “on top of the load and the floodgates opening for service demand, we are just inundated and we’re exhausted. Our staff have stood on their heads, done a cartwheel . . . to make sure that somebody is in that chair [for the crisis lines] 24/7.” Putting it succinctly, another said, “I’m burnt the hell out.”

“Yes, they have their rules; but they’re still able to meet you in the middle”: impacts on survivors’ in shelter during the pandemic. While shelter workers struggled with pressures and resulting transformation of their feminist caring labour, examining survivors’ and workers’ narratives in tandem reveals that most residents did not experience a lack of care or emotional support, nor did they view the redefined shelter environment as reminiscent of the coercive control they experienced in their abusive relationships. While they spoke of some of the challenges of pandemic shelter living, the majority of survivors we interviewed described shelters as their “lifelines” and a refuge from their abusers, even with the public health restrictions in place. None of the survivors we interviewed had previously resided in a DV shelter. While the contrasts between their perceptions of pandemic shelter living and those of the shelter workers could be attributed to the fact that survivors had nothing to compare their experiences to, their narratives suggest that the new tensions shelter workers felt in their work were not felt by all survivors. In fact, in some survivors’ narratives, many of the elements of feminist caring labour that workers worried had been lost through pandemic restrictions were evident. When asked to specify what stood out about their experiences of shelter living, these survivors emphasized the compassionate staff, empathy, and the continual emotional support they had received. Describing this further, Chelsea said, “there’s staff all the time. I literally went downstairs one time at three o’clock in the morning crying. There’s 24/7 someone there to talk or help you with whatever you need.” Rachel noted, “I love the help there. . . . They’re great people and they understand where you’re coming from. I don’t feel judged.”

Along with what several described as 24/7 care, survivors also highlighted the advocacy and practical services shelter workers provided. Danika described how shelter staff “worked their butts off” to assist her with applying for housing and social services. Madison discussed the assistance she received for an array of practical tasks that she felt too overwhelmed to address while living with her abuser, such as applying for a bank card, finding a family doctor, and getting her birth certificate. For Jennifer, technical assistance was vital to ensuring her safety from her abuser, who had taken her SIM card from her phone and broken into her social media and email accounts. The assistance shelter workers provided was critical to breaking her isolation and helping her re-connect with her friends and family:

I wasn’t able to see them in person, but the shelter actually provided me with a phone. I was able to get a phone and a SIM card, so I was able to talk to people via FaceTime, texting.

Others remarked on the childcare and virtual learning assistance that shelter workers offered. Kimberly described how helpful it was to receive assistance with the “small stuff,” such as printing out online learning materials for her son.

Survivor narratives illustrate that altered forms of feminist caring labour in the COVID-19 context often still met residents’ needs for emotional support. However, despite their positive experiences, feelings of loneliness and isolation were by-products of the physical distancing measures shelter workers had to enforce. Except for a few, all the interviewees reported that they did not blame shelter staff for their frustrations and discomfort. They emphasized that while workers were tasked with enforcing the rules, they did not make the rules, and they recognized that staff were limited in how much flexibility they could offer given the risks of COVID-19 in congregate settings. Many also shared their own fears of catching COVID-19 and felt relieved that workers, as one survivor said, “ran a very tight ship” by enforcing public health directives. Still, longings for connection and community were sentiments that many survivors expressed during their interviews. Chelsea remarked on the continued feeling of isolation she experienced as she transitioned from her abusive relationship to pandemic shelter living:

I wish I picked a better time to come because I feel like I’ve been isolated for so long. And now I’m still having to isolate a little bit. We can’t share the living room and enjoy a nice popcorn and watch a movie and laugh. Breakfast time, it would be nice to sit with everybody, but we’re not really supposed to.

Chelsea identified how the pandemic restrictions limited the opportunity to develop relationships and social connections. Chelsea was also vocal about the impact of physical distancing directives on her toddler, describing how her son longed to play with other children in the house and found the experience of separating him from others heartbreaking. At times, she also questioned the logics of rules that limited the playroom to only one family at a time, given that residents and their children rarely left the shelter: “For me, it blows my mind. You can go to school, but you can’t hang out in the shelter?” Despite these challenges, Chelsea remained overwhelmingly positive about her experiences of pandemic shelter living. Her accounts attest to shelter workers’ ability to continue providing emotional support and care, despite their new responsibilities as enforcers of pandemic directives.

While none of the survivors we interviewed relayed concerns that shelter living during the pandemic was akin to the dynamics of power and control they experienced in their abusive relationships, a few still expressed serious frustrations about pandemic rules and regulations. For these few survivors, the balance that workers were trying to strike between supporting *and* restricting survivors in their feminist caring labour felt more heavily weighted towards restriction. Restrictions on survivors’ movement outside the shelter, visitor limitations, and rules limiting access to the kitchen and cooking were three directives these few interviewees described as particularly upsetting. Kimberly, who was living in a private transitional housing unit at the time of her interview, questioned rules that prevented her mother and daughter from visiting her in the spring of 2021: “If you weren’t showing any symptoms or anything like that, you should have been fine to come in, especially if you were sanitized and masking

up.” Some residents raised concerns about rules limiting residents’ movement outside of the shelter to two, fifteen-minute outings per day, which was a public health directive uniformly adopted by all congregate settings in Ontario. Sea Shell described the challenges she encountered with the rule, particularly when trying to obtain medical assistance to address some of the injuries she sustained during an assault by her former partner:

They were strict on the 15 minutes. There were a couple of times when I was late on the 15 minutes. Then that woman [a shelter worker] was nitpicking at me about that. I’m like, “What the hell, I went and got my stitches out at emergency. I’m not going to be there for 15 minutes.”

Sea Shell was one of the two survivors in the sample who experienced the enforcement of pandemic directives in her shelter as unduly coercive. Elsewhere in her interview, she critiqued regulations that restricted residents from accessing the kitchen and cooking their own meals. B, who resided at the same shelter as Sea Shell, expressed similar concerns regarding kitchen use and being unable to shop for her own groceries:

I don’t really like not being able to get my kid his own snacks because sometimes, they don’t get the right things. . . . Then also not being able to cook your own meals . . . I know that it’s just rules that they’re just trying to enforce that the government put on them, but sometimes they don’t make sense.

Finally, residents discussed the initial ten to fourteen day quarantine period they endured after their arrival as one of the most challenging aspects of pandemic shelter living. Although they understood and appreciated that the intervention was required to keep everyone safe, the period of isolation in the aftermath of fleeing an abusive relationship did feel almost unbearable for some. Madison described how she felt after she reached day five of her quarantine. Given that she was unvaccinated, leaving quarantine was contingent on her receiving a negative test result from a public health laboratory, which was significantly backed up at the time:

I think it was five days and I was like, “I really can’t do this anymore. I can’t.” Then my results still weren’t in. They were calling public health for me and just nothing was working . . . I was like, “I’m already going through so much, and then being locked in a room with a toddler is no joke.” I told them “I need to get out of this room and go downstairs and socialize a little bit.”

Workers at Madison’s shelter decided to provide an accommodation and rapid test her given the delay in receiving her results. Accommodations to the quarantine rules were not routinely provided in all shelters, however. B shared a predominately negative assessment of how shelter workers at her shelter enforced quarantine rules:

The quarantine thing is super, super lonely because they’re afraid that you have COVID, so staff [don’t] come around. Then when they do, they don’t want to touch you, or even pass you your meals, so it feels like really shitty.

The contrasts between B and Madison’s experiences underscore the importance of discretion in the enforcement of pandemic directives. These accounts suggest that shelter staff who were able to walk the line between enforcing the rules to maintain the health and safety of the shelter while also bending them to give individual survivors as much autonomy as they could were able to soften some of the authoritarian aspects of pandemic shelter living.

The Enduring Invisibility of Feminist Caring Labour

The ongoing stresses of pandemic life impacted both survivors and shelter workers. While the pandemic transformed feminist caring labour for shelter workers and exacerbated risks of violence for survivors, it fueled continued uncertainty, stress, and trauma for both. In the face of ongoing pandemic-related stresses—social isolation, economic uncertainties, and the continued threat of illness—shelter

work required workers not only to address the unique pandemic-related pressures on survivors but to also manage their own pandemic stress and anxiety. As one manager at a shelter explained:

Dealing with my own mental health as well as the mental health of my staff and my clients, for the first time in my career has been a challenge because . . . everybody has pandemic fatigue and is getting burnt out. I'm no exception.

Others expressed similar sentiments:

I feel like a lot of people, including myself, in my own struggles, a couple of times, I've been like, how can I even begin to focus on these people's needs when my own life is so overwhelming? . . . It's so hard to just take that focus off of your own struggles and to look outward.

These unique pandemic-related pressures on shelter work were exacerbated by the pervasive lack of public understanding of gender-based violence and the ongoing invisibility of shelter workers' caring labour. Despite the initial attention on DV from government funders in the early stages of the pandemic, as the pandemic wore on, shelter workers described how both their work and the issue of DV returned to the shadows. The initial "chatter around violence against women" in the media, as one shelter worker described it, in the beginning of the pandemic, fueled a misunderstanding that DV was a new problem. Explaining this, another shelter worker said:

At the beginning of the pandemic, I had lots of people come up to me and say . . . "I hear that you're getting increased calls" . . . I think that if people understood violence against women and the work that we did, they would understand . . . our shelter has been open for over 30 years, and in the 9+ years that I've been there, we've been full almost every night.

Despite the initial attention on DV early in the pandemic, some shelter workers expressed their sense of feeling "forgotten" in the public discourse of pandemic pressures on frontline workers. Describing this, one shelter worker pointed to how politicians repeatedly talked about the pressures on nurses and medical frontline staff, but that in those discussions, "You don't hear about shelter workers." Reflecting on why shelter work was so rarely recognized, another said,

Maybe because the focus right now is so much on, and rightly so . . . on saving lives, anybody else falls by the wayside. We do a lot more work in emotional support, in wellbeing, in providing, connecting with services. In some cases, yes, we are also helping women flee situations that are fatal to them. *We are in the business of saving lives in a way*, but it's more definitely the messaging and is more directed towards people that are very obviously helping people feel better and feel not sick. [emphasis added]

While many said that the lack of recognition and understanding of shelter work during the pandemic was not new, its impacts were felt more acutely amidst the ongoing pressures of the pandemic. One shelter worker explained:

Obviously, we don't do this job for the recognition. That's not why we do it. We're pretty used to that. I would say during the pandemic . . . I feel like *people forgot about us* and the work that we're doing. I think *people forgot about us even before COVID, we're not recognized for the work that we do*. [emphasis added]

Another reflected on the potential impact of their work being seen and understood by others and said, "it would be nice to be recognized. Not that it would fix anything, but just an acknowledgement would make you feel acknowledged and appreciated."

DISCUSSION

Feminist caring labour in DV shelters took on new dimensions in the context of the COVID-19 pandemic. Under public health restrictions and guidelines, the politicized nature of shelter workers'

feminist caring labour shifted. For many shelter workers, enforcing pandemic rules, which limited survivors' autonomy and physical movement, ran counter to the feminist principles of empowering survivors that had shaped their caring labour. In the pandemic context, shelter workers were thus forced to navigate tensions between their conflicting roles as supportive feminist caring labourers and public health restriction enforcers. However, as the survivors' narratives above suggest, the consequences of these shifts were nuanced. Many shelter workers we interviewed described their experiences of doing caring labour during the pandemic as traumatizing, and some survivors recounted their negative experiences of isolation and pandemic rules in shelters. However, despite the toll that the pandemic took on both workers and survivors, many survivors experienced shelter workers' caring labour as a crucial support during the pandemic.

While the pandemic introduced unique conditions that shaped caring labour in DV shelters in important ways, we argue that these shifts were part of a broader trajectory. Through the state-imposed processes that fuelled the professionalization of anti-violence work from the 1980s through to present (Corrigan 2013; Goodhand 2017; Quinlan 2017), feminist, anti-violence work in DV shelters has been under pressure to depoliticize and drift farther from its roots in grassroots, feminist movements. During the pandemic, these pressures remained, and for some shelter workers, intensified as they were required to become enforcers of pandemic restrictions in the shelter (Quinlan and Singh 2020). The devaluing and underfunding of shelter workers' caring labour was similarly not new to the pandemic, but, instead, part of an ongoing trend (Goodhand 2017; Goodmark 2018). These pressures on shelters have continued in the years following the COVID-19 pandemic, with Toronto Police Services reporting a 1.39 percent increase in IPV-related calls from 2023 to 2024 (Mathur 2024). Demands on shelter services have been increasing in the face of post-pandemic economic uncertainty and a lack of affordable housing in Canada (Women's Shelters Canada 2024), and there is a continued need for funding to meet these demands (Women's Shelters Canada 2023). Under these pressures, providing services in a way that prioritizes all survivors' autonomy and meets their physical, emotional, and social needs, all of which are key features of shelter workers' feminist praxis, continues to be a challenge.

DV shelter workers, like other women caring labourers, were "on the frontlines" (John et al. 2020:65) of the COVID-19 pandemic but were largely excluded from decision-making about pandemic responses and future pandemic preparedness (John et al. 2020; Wenham et al. 2020). Listening to the challenges shelter workers faced supporting those in crisis during the COVID-19 pandemic is crucial for understanding not only the realities of gender-based violence, but also the pressures on this essential form of care work and the supports that survivors and shelter workers require in and outside of a pandemic. The recent calls for the province of Ontario to declare intimate partner violence an epidemic, and the moves by 105 municipalities to do so (Building a Bigger Wave n.d.) recognize that DV is "fundamentally intertwined with public safety" (Lee, Lalonde, and McGregor 2025) and point to the ongoing and pressing need for shelter workers' caring labour. Looking back on shelter workers' feminist caring labour not only sheds light on a form of undervalued and largely invisible work during the pandemic, but also the pressures on DV shelters before and after the COVID-19 pandemic.

CONFLICTS OF INTEREST

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