

Antigonish Women's Resource Centre & Sexual Assault Service Association

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Antigonish NS B2G 2C1
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Every Woman's Centre

21 Trinity Avenue.
Sydney NS B1P 4Z4
Tel: (902) 567-1212
woman.centre@ns.sympatico.ca

LEA Place Women's Resource Centre

22709 Hwy#7, P.O. Box 245
Sheet Harbour NS B0J 3B0
Tel: (902) 885-2668
www.leaplace.com
leaplace@ns.sympatico.ca

Pictou County Women's Resource & Sexual Assault Centre

503 S. Frederick St.
New Glasgow NS B2H 3P3
Tel: (902) 755-4647
www.womenscentre.ca
pcwc@womenscentre.ca

Second Story Women's Centre

18 Dufferin St. St.
P.O. Box 821
Lunenburg NS B0J 2C0
Tel: (902)640-3044
www.secstory.com
info@secstory.com

The Lotus Centre- A Resource for Women

67 Dominion St
Truro NS B2N 3P2
Tel (902) 895-4295
www.cnwrdc.ca
michaela@Lotuscentre.net

Strait Area Women's Place

PO Box 6913
Port Hawkesbury, NS
B9A 2W2
(902) 625-1614
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The Women's Place Resource Centre

228 St. George St.
Annapolis Royal NS B0S 1A0
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Della@womensplaceresourcecenter.com

Tri-County

Women's Centre

12 Cumberland Street
Yarmouth NS B5A 3K3
Phone: (902) 742-0085
Toll Free: 1-877-742-0085
www.tricountywomenscentre.org
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Women's Centres Connect

The Provincial Association of Women's Centres
Mail: 503 2 Fredrick Street, New Glasgow, NS, B2H 3P3
www.womenconnect.ca, coordinator@womenconnect.ca

There has been a disproportionate impact of the pandemic, and measures to address it, on women in areas of mental health, health care, and other critical social justice (& criminal) issues including domestic violence and sexual assault.

Because women statistically live longer than men, higher numbers of women live-in long-term **care facilities**. There has been a staffing crisis for much longer than the period that the pandemic has had an impact on. All of this has resulted in **greater numbers of deaths of women** than men; and **greater numbers of senior women living alone with a greater impact on mental health, especially around loneliness**. As research has been demonstrating loneliness is known to be a significant factor in personal health.

Not only do long term care facilities and assisted living neighbourhoods require higher standards of care and better staffing ratios, there is also a **need for increased recreational programming** during times when visitation to residents is prohibitive.

Pandemic response isolation measures have led to women being at greater risk in gender-based violence. Most perpetrators are intimate partners who have now been isolated at home with their partners. With the majority of us remaining at home most of the time, women in these circumstances are left with little (if any) privacy to even make a phone call or search a website. Women experiencing gender-based violence during times of isolation are also not coming into contact with others who would potentially see the signs and offer support.

Those women who have reported domestic or sexual violence require additional supports during this unique time of isolation, a time when access to services is actual more limited.

Access to support services (including health care and mental health services) has become more limited, even with remote services available – the ability to access those services varies significantly for women on person-to-person

basis. Women living in poverty and/or rural areas may not even have a computer and/or internet at home.

More households accessing income assistance are headed by single parents of which a greater proportion are women. Income Assistance does not provide funds for the basic needs of phone & internet. Many of these households do not own computers and are limited to use of a tablet and/or phone with internet capabilities.

Private space for counseling sessions, during the day while children are at home at the same time, may not be an option for women.

Women with challenges affecting their hearing, have found both phone/video remote services, as well as services provided by an individual wearing a mask, to make support services less accessible to them. Again, due to a greater population of senior and elderly women this has had a disproportionate impact on women.

Women are also disproportionately affected by the impact of prescription drugs being limited to 30 day supplies because women often have the responsibility of caregiving for children and/or elder parents, etc. Women also bear the greatest responsibility for birth control products. Thirty-day supply limits meant an increased cost due to dispensing fees being more frequent, and also resulted in more frequent trips to the pharmacy being required at a time when the entire community was being advised to stay at home.

Those who already face systemic barriers prior to the pandemic have been more significantly affected by pandemic response measures. Rural-based women & girls with limited internet and/or cellular data access miss everything from educational opportunities to government updates, and opportunities to work from home when workplaces have been locked down, etc. Even when broad-band internet services are available in rural areas, the cost of internet services is prohibitive for families living on fixed incomes. Women are also more predominantly employed in essential workplaces that have remained open, putting them on the front lines of contact with the public and/or providing health care.

While we continue to live through unprecedented times during a pandemic outbreak we would like to call on government at all levels to take a feminist analysis of the response to the pandemic as it was rolled out so far, when considering planning for future response to this and/or other health crises. We stress that the consideration of intersectional gendered implications is crucial to the wellbeing of women and their families.

Sincerely,

DocuSigned by:
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