COVID-19 PANDEMIC: EXPERIENCES WITH INTIMATE PARTNER VIOLENCE



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INTRODUCTION



KEY TERMS

INTIMATE PARTNER VIOLENCE (IPV)

Intimate Partner Violence (IPV) refers to the use or experience of violent behaviour or aggression toward or from one's romantic partner that causes psychological, physical, or sexual harm. There are three common types of IPV, including psychological, physical, and sexual, which are described in further detail below.

PSYCHOLOGICAL IPV

Psychological IPV refers to the use or experience of verbal aggression or behaviours intended to coerce, control, threaten, or manipulate, toward or from one's romantic partner. Examples of psychological IPV include:

- Insulting or swearing
- Name-calling
- Destroying personal belongings
- · Shouting or yelling

- Storming out of a room
- Negative accusations
- Threats of violence

PHYSICAL IPV

Physical IPV refers to the use or experience of physically aggressive behaviour toward or from one's romantic partner. Examples of physical IPV include:

- Throwing items
- Twisting body parts
- Pushing or shoving
- Use of a weapon

- Punching or hitting
- Choking
- Grabbing
- Burning

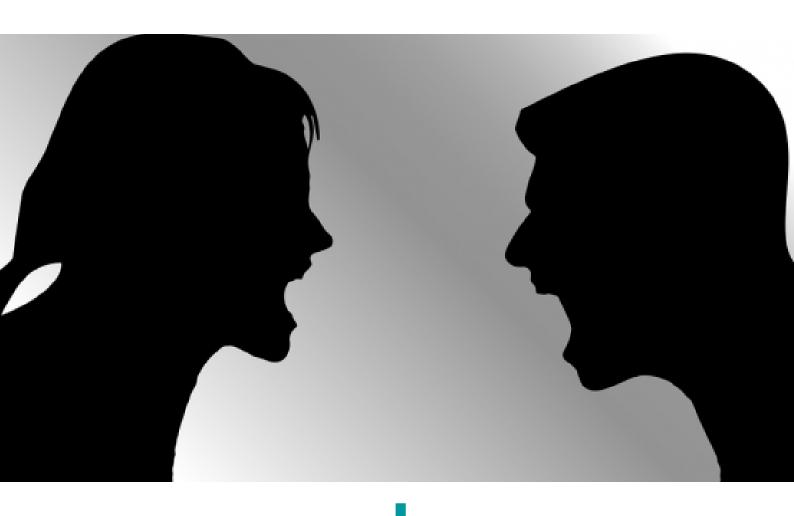
SEXUAL IPV

Sexual IPV victimization refers to the experience of forced, non-consensual, and/or coercive sexual behaviour perpetrated by one's romantic partner. Examples of sexual IPV include:

- Giving in to sexual activity or intercourse due to an argument or pressure
- Experiencing sexual activity or intercourse due to physical force or threat of physical force
- Experiencing sexual activity or intercourse when unable to give consent due to unconsciousness, intoxication, or sleep

VICTIMIZATION VS PERPETRATION

It is important to distinguish between victimization and perpetration of IPV, as these terms are used frequently throughout the current report. Victimization refers to the experience of IPV from one's romantic partner, whereas perpetration refers to the use of IPV toward one's romantic partner.



RESEARCH OVERVIEW

The current report summarizes the intake findings from the COVID-19 Interpersonal Coping study. 2266 Canadians and 832 Nova Scotians were asked questions about their:

- Demographic information

 (e.g., age, area of living, socioeconomic status, sexual identity, gender identity, race/ethnicity, disability status, parental status)
- Romantic relationships

 (e.g., relationship status, type, and length, cohabitation status)
- Experiences with psychological, physical, and sexual intimate partner violence
- Experiences with COVID-19
- Psychological, social, and relational well-being

Note. All statements marked with an asterisk (*) are statistically significant at p < .05. All statements marked with a caret (^) are no longer statistically significant when the analysis controlled for relevant demographic variables.

OBJECTIVES

- To investigate Canadians' and Nova Scotians' experiences with intimate partner violence during the COVID-19 pandemic
- To identify demographic, relational, social, psychological, and COVID-19 specific factors that contribute to intimate partner violence risk among Canadians and Nova Scotians
- To identify relevant relational, social, and psychological well-being outcomes of intimate partner violence among Canadians and Nova Scotians
- To provide suggestions for policies and supports that may assist victims of intimate partner violence and/or reduce the risk of intimate partner violence

PARTICIPANT CHARACTERISTICS

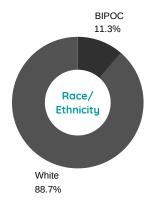


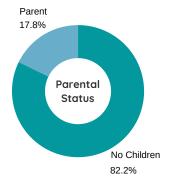
GENERAL DEMOGRAPHICS

CANADA

16-34 38.7% Age

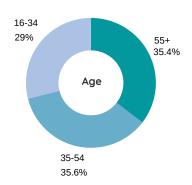
35-54 30.5%

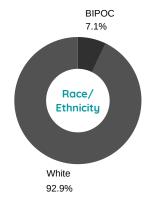


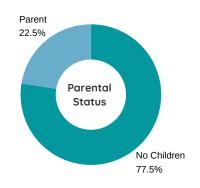


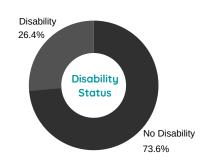


NOVA SCOTIA



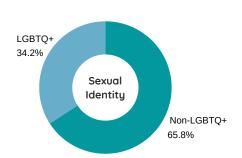




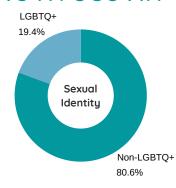


SEX AND GENDER DEMOGRAPHICS

CANADA



NOVA SCOTIA



LGBTQ+ refers to an individual whose sexual and/or gender identity is something other than heterosexual and/or cisgender. For the purposes of this report, LGBTQ+ includes participants who identified as:

- Gau/Lesbian
- Bisexual
- Queer/Pansexual
- Asexual

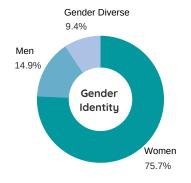
- Transgender
- Non-Binary
- Agender
- Genderqueer/Genderfluid

Non-LGBTQ+ refers to individuals who are not members of the LGBTQ+ community. For the purposes of this report, non-LGBTQ+ includes participants who identified as:

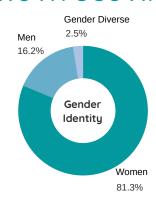
· Heterosexual and cisgender

Note. We made a special effort to recruit LGBTQ+ participants for this survey, so they are oversampled relative to the overall population.

CANADA



NOVA SCOTIA



For the purposes of this report, men includes participants who identified as:

- Cisgender men
- Transgender men

Women includes participants who identified as:

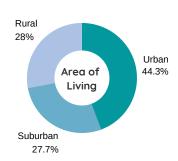
- Cisgender women
- Transgender women

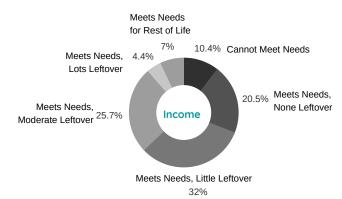
Gender diverse includes participants who identified as:

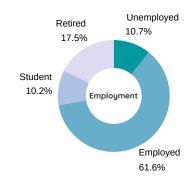
- Non-Binary
- Agender
- Genderqueer/Genderfluid
- Other

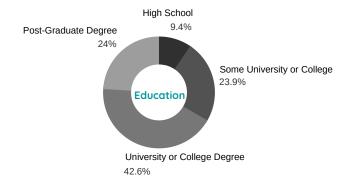
SOCIOECONOMIC DEMOGRAPHICS

CANADA

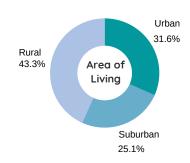


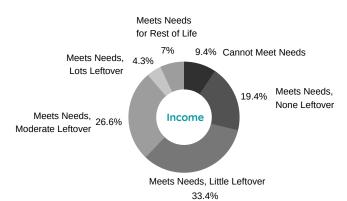


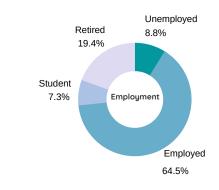


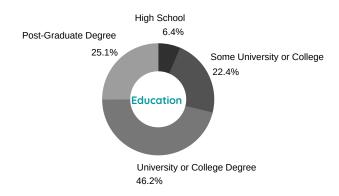


NOVA SCOTIA





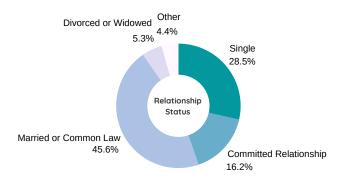


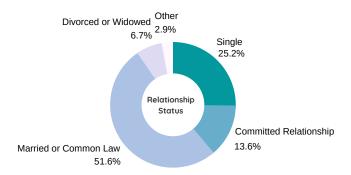


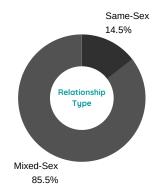
RELATIONSHIP DEMOGRAPHICS

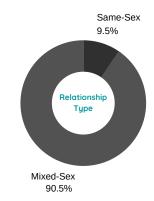
CANADA

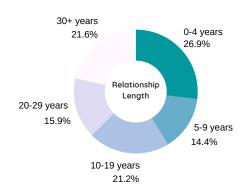
NOVA SCOTIA

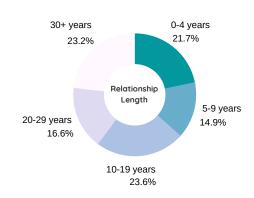


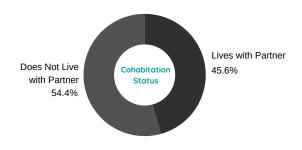


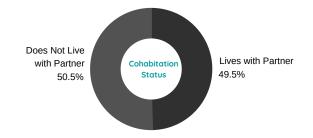






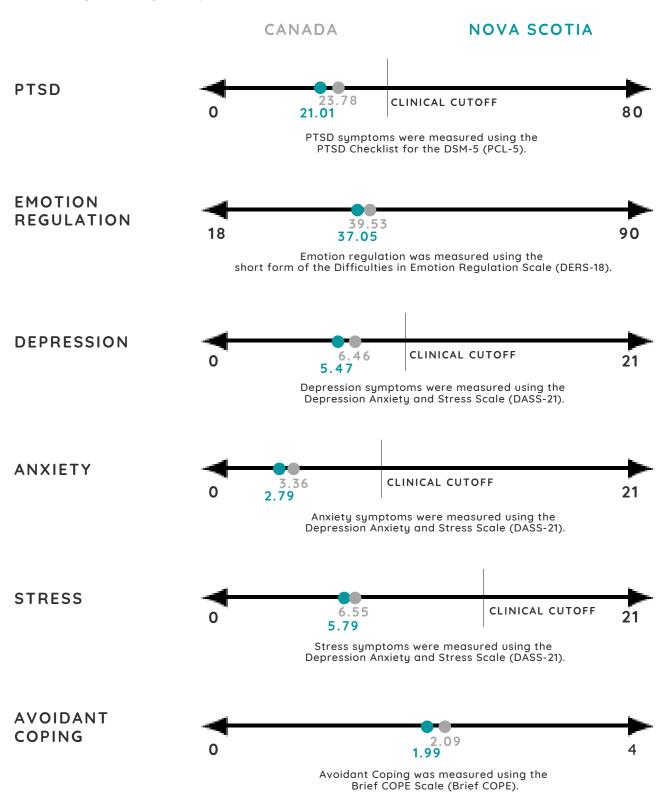






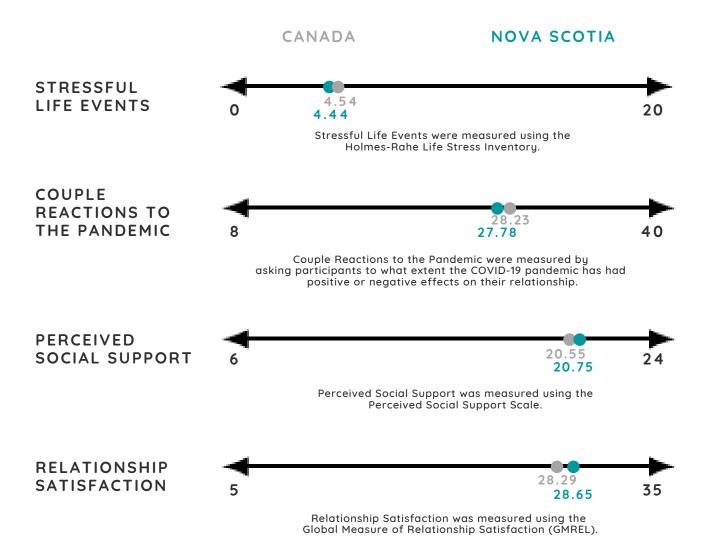
PSYCHOLOGICAL WELL-BEING

Below are mean scores on measures of psychological well-being for the Canadian and Nova Scotian samples. Higher scores indicate worse psychological well-being. Scores fell below clinical cutoffs, suggesting relatively healthy samples.



STRESS AND RELATIONAL WELL-BEING

Below are mean scores for the Canadian and Nova Scotian samples on measures of stressful life events, with higher scores indicating worse stress, as well as couple reactions to the pandemic, perceived social support, and relationship satisfaction, with higher scores indicating better well-being.



RATES OF IPV

Below are the reported rates of IPV among Canadians and Nova Scotians who responded to the intake survey.

IPV was measured using the Revised Conflict Tactics Scales (CTS2). Participants were asked to report their IPV experiences over the past month.

	CANADA	NOVA SCOTIA	
PSYCHOLOGICAL VICTIMIZATION	18.4% n = 417	22.1% n = 184	
PSYCHOLOGICAL PERPETRATION	20.7% n = 470	24.5% n = 204	
PHYSICAL VICTIMIZATION	0.2% n = 5	0.1% n = 1	
PHYSICAL PERPETRATION	0.3% n = 6	0.2% n = 2	
CEVILAI			
SEXUAL VICTIMIZATION	3.8% n = 87	3.6% n = 30	

Note. Due to the small sample sizes and low reported rates of physical IPV victimization and perpetration among both Canadians and Nova Scotians, follow up analyses were not conducted. Follow up analyses were only conducted for psychological IPV victimization, psychological IPV perpetration, and sexual IPV victimization. The present survey did not assess experiences of sexual IPV perpetration.

Note. Canadians and Nova Scotians reported significantly different psychological victimization rates by relationship status and race/ethnicity, respectively. Canadians reported significantly different psychological perpetration rates by parental status, sexual identity, gender identity, relationship status, and relationship type, and Nova Scotians by parental status and gender identity. Canadians reported significantly different sexual victimization rates by age, parental status, relationship type, and relationship length, and Nova Scotians by age, gender identity, and relationship type. Therefore, these variables were statistically controlled for in all analyses.



AGE

Below are the average ages of participants who reported being victims versus non-victims of sexual IPV.

CANADA

40.6 n = 87 vs 45.2

n = 952

NOVA SCOTIA

39.8
n = 30
VS
46.7
n = 400

Victims of sexual IPV were younger than non-victims.*



Age was a significant risk factor for sexual IPV victimization, as victims were younger than non-victims. Age was not a significant risk factor for psychological IPV victimization or perpetration.

PARENTAL STATUS

Below are the reported sexual IPV victimization rates among parents versus non-parents.

CANADA

12.1% n = 30 vs 7.2% n = 57

Parents were more likely than non-parents to report being victims of sexual IPV.*



Parental status was a significant risk factor for sexual IPV victimization, such that parents were more likely to report being victims of IPV than non-parents. Parental status was not a significant risk factor for psychological IPV victimization or perpetration.

GENDER IDENTITY

Below are the reported psychological IPV perpetration rates among individuals with differing gender identities.

Δ	N	A	Δ
$\overline{}$	1 7		$\overline{}$

NOVA SCOTIA

73.0%	76.8%
n = 403	n = 182
VS	VS
56.6%	57.1%
n = 47	n = 20
VS	VS
54.3%	33.3%
n = 19	n = 2

Women were more likely than both men and gender diverse individuals to report being perpetrators of psychological IPV.*



Gender identity was a significant risk factor for psychological IPV perpetration, such that women were more likely to either report being perpetrators of, or recognize their actions as, psychological IPV.

Gender identity was not a significant risk factor for psychological or sexual IPV victimization.

RELATIONSHIP STATUS

Below are the reported psychological IPV victimization and perpetration rates among individuals who were married or common law versus in a committed relationship.

CANADA

53.6% n = 75 vs

66.7% n = 323

Individuals who were married or common law were more likely to report being victims of psychological IPV than those who were in a committed relationship but not married.*

61.0% n = 86 VS 73.1% n = 365

Individuals who were married or common law were more likely to report being perpetrators of psychological IPV than those who were in a committed relationship but not married.*



Relationship status was a significant risk factor for psychological IPV victimization and perpetration, as individuals who were married or common law were more likely to report being victims and perpetrators of IPV. Relationship status was not a significant risk factor for sexual IPV victimization.

RELATIONSHIP TYPE

Below are the reported sexual IPV victimization rates among individuals who were in mixed-sex versus same-sex relationships.

CANADA

9.2%

n = 79

٧S

3.4%

n = 5

Individuals in mixed-sex relationships
were more likely to report being victims of sexual IPV
than those in same-sex relationships.*



Relationship type was a significant risk factor for sexual IPV victimization, as individuals in mixed-sex relationships were more likely to report being victims of sexual IPV.

Relationship type was not a significant risk factor for psychological IPV victimization or perpetration.

RELATIONSHIP LENGTH

Below are the average durations of romantic relationships (in years) of participants who reported being victims versus non-victims of sexual IPV.

CANADA

12.5

n = 81

٧S

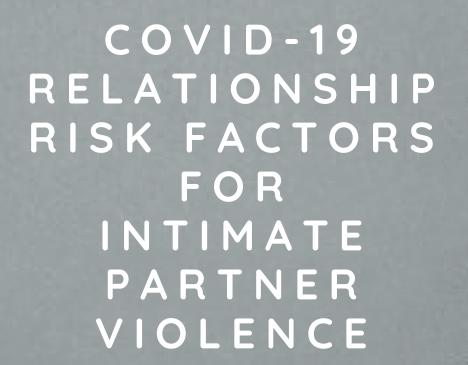
17.2

n = 890

Victims of sexual IPV reported being in their relationships for a shorter period of time than non-victims.*



Relationship length was a significant risk factor for sexual IPV victimization, as victims reported being in their relationships for a shorter period of time than non-victims. Relationship length was not a significant risk factor for psychological IPV victimization or perpetration.





COUPLE REACTIONS TO THE PANDEMIC

We asked participants:

"To what extent has the COVID-19 pandemic had the following effects on your relationship with your primary intimate partner?"



It's added extra strain to our relationship.

It's caused tension between us.

It's made our lives more difficult.

It's made problems that already existed in our relationship even worse.



It's made me thankful that I have my partner.

It's brought us closer together.

It's been a blessing in disguise for our relationship.

It brought out the best in our relationship.

Couple Reactions to the Pandemic

were a significant predictor of

Psychological IPV Victimization*
Psychological IPV Perpetration*
Sexual IPV Victimization*

for both Canadians and Nova Scotians.



Couple Reactions



IPV Rates



Couple Reactions =



IPV Rates

RISK FACTORS FOR INTIMATE PARTNER VIOLENCE PERPETRATION

POST-TRAUMATIC STRESS DISORDER (PTSD)

We asked participants how much they had been bothered by PTSD symptoms in response to the COVID-19 pandemic.

PTSD symptoms were measured using the PTSD Checklist for the DSM-5 (PCL-5).

Scores ranged from 0 to 80.

Examples of the symptoms measured include:



Repeated, disturbing, and unwanted thoughts, memories, or dreams about the pandemic.



Feeling very upset or having strong physical reactions when reminded of the pandemic.



Strong negative beliefs about yourself, other people, or the world.



Difficulties with falling or staying asleep.



Being super alert or watchful and on guard.

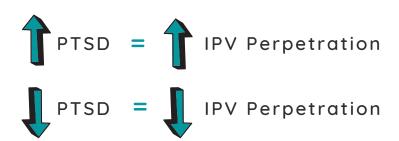


Strong negative feelings such as fear, horror, anger, guilt, or shame.

PTSD

was a significant positive predictor of

Psychological IPV Perpetration*



STRESS

We asked participants how much they had been bothered by symptoms of stress during the past week.

Stress symptoms were measured using the Depression Anxiety and Stress Scale (DASS-21).

Scores ranged from 0 to 21.

Examples of the symptoms measured include:



I found it difficult to relax.



I tended to over-react to situations.



I felt that I was using a lot of nervous energy.



I found myself getting agitated.

Stress

was a significant positive predictor of

Psychological IPV Perpetration*





EMOTION REGULATION

We asked participants how often they experience difficulties with emotion regulation.

Emotion Regulation was measured using the short form of the Difficulties in Emotion Regulation Scale (DERS-18).

Scores ranged from 18 to 90.

Examples of the symptoms measured include:



I have no idea how I'm feeling.



When I'm upset, I become out of control.



When I'm upset, I have difficulty focusing on other things.



When I'm upset, I feel ashamed with myself for feeling that way.

Difficulties in Emotion Regulation

were a significant positive predictor of

Psychological IPV Perpetration*







AVOIDANT COPING

We asked participants what they generally do and feel when they experience stressful events.

Avoidant Coping was measured using the Brief COPE Scale (Brief COPE).

Mean scores ranged from 1 to 4.

Examples of the avoidant coping strategies measured include:



I've been turning to work or other activities to take my mind off things.



I've been using alcohol or other drugs to make myself feel better.



I've been saying to myself, "this isn't real."



I've been giving up on trying to deal with it.

Avoidant Coping

was a significant positive predictor of

Psychological IPV Perpetration*







STRESSFUL LIFE EVENTS

We asked participants to indicate which stressful events had happened to them in the past year, before the COVID-19 pandemic began impacting their lives.

Stressful Life Events were measured using the Holmes-Rahe Life Stress Inventory.

Scores ranged from 0 to 20.

Examples of the stressful life events measured include:



Death of a spouse, partner, family member, or friend



Major changes in work conditions or responsibilities



Financial difficulties



Divorce

Stressful Life Events

were a significant positive predictor of

Psychological IPV Perpetration*^

for both Canadians and Nova Scotians.

^When parental status and gender identity were controlled for, the association between stressful life events and psychological perpetration disappeared for Nova Scotians only.





OUTCOMES OF INTIMATE PARTNER VIOLENCE VICTIMIZATION



POST-TRAUMATIC STRESS DISORDER (PTSD)

We asked participants how much they had been bothered by PTSD symptoms in response to the COVID-19 pandemic.

PTSD symptoms were measured using the PTSD Checklist for the DSM-5 (PCL-5). Scores ranged from 0 to 80.

Examples of the symptoms measured include:



Repeated, disturbing, and unwanted thoughts, memories, or dreams about the pandemic.



Feeling very upset or having strong physical reactions when reminded of the pandemic.



Strong negative beliefs about yourself, other people, or the world.



Difficulties with falling or staying asleep.



Being super alert or watchful and on guard.



Strong negative feelings such as fear, horror, anger, guilt, or shame.

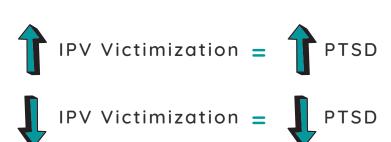
Psychological IPV Victimization*
Sexual IPV Victimization*^

were significant positive predictors of

PTSD

for both Canadians and Nova Scotians.

^When age, parental status, relationship type, and relationship length were controlled for, the association between sexual victimization and PTSD disappeared for Canadians only.



DEPRESSION

We asked participants how much they had been bothered by symptoms of depression during the past week.

Depression symptoms were measured using the Depression Anxiety and Stress Scale (DASS-21).

Scores ranged from 0 to 21.

Examples of the symptoms measured include:



I felt down-hearted and blue.



I felt I wasn't worth much as a person.



I found it difficult to work up the initiative to do things.



I felt that I had nothing to look forward to.

Psychological IPV Victimization* Sexual IPV Victimization*

were significant positive predictors of

Depression





ANXIETY

We asked participants how much they had been bothered by symptoms of anxiety during the past week.

Anxiety symptoms were measured using the Depression Anxiety and Stress Scale (DASS-21).

Scores ranged from 0 to 21.

Examples of the symptoms measured include:



I experienced trembling.



I felt I was close to panic.



I was worried about situations in which I might panic and make a fool of myself.



I experienced breathing difficulty.

Sexual IPV Victimization*^

was a significant positive predictor of

Anxiety

for both Canadians and Nova Scotians.

^When age, parental status, relationship type, and relationship length were controlled for, the association between sexual victimization and anxiety disappeared for Canadians only.

Psychological IPV Victimization*

was a significant positive predictor of

Anxiety

for Canadians only.



IPV Victimization =



Anxiety



IPV Victimization =



Anxiety

STRESS

We asked participants how much they had been bothered by symptoms of stress during the past week.

Stress symptoms were measured using the Depression Anxiety and Stress Scale (DASS-21).

Scores ranged from 0 to 21.

Examples of the symptoms measured include:



I found it difficult to relax.



I tended to over-react to situations.





I found myself getting agitated.

Psychological IPV Victimization*

was a significant positive predictor of

Stress

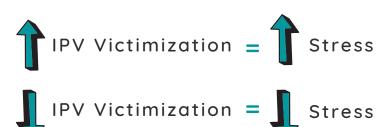
for both Canadians and Nova Scotians.

Sexual IPV Victimization*

was a significant positive predictor of

Stress

for Nova Scotians only.



AVOIDANT COPING

We asked participants what they generally do and feel when they experience stressful events.

Avoidant Coping was measured using the Brief COPE Scale (Brief COPE).

Mean scores ranged from 1 to 4.

Examples of the avoidant coping strategies measured include:



I've been turning to work or other activities to take my mind off things.



I've been using alcohol or other drugs to make myself feel better.



I've been saying to myself,
"this isn't real."



I've been giving up on trying to deal with it.

Sexual IPV Victimization*^

was a significant positive predictor of

Avoidant Coping

for both Canadians and Nova Scotians.

^When age, gender identity, and relationship type were controlled for, the association between sexual victimization and avoidant coping disappeared for Nova Scotians only.

Psychological IPV Victimization*

was a significant positive predictor of

Avoidant Coping

for Canadians only.



IPV Victimization



Avoidant Coping



IPV Victimization



Avoidant Coping

PERCEIVED SOCIAL SUPPORT

We asked participants how much they agreed with statements regarding social support.

> Perceived social support was measured using the Perceived Social Support Scale. Scores ranged from 6 to 24.

Examples of perceived social support include:



There are people I can count on in times of trouble.



I have family and friends who help me feel safe, secure, and happy.



There is someone I trust whom I would turn to for advice if I were having problems.

Psychological IPV Victimization* Sexual IPV Victimization*

were significant negative predictors of

Perceived Social Support

for both Canadians and Nova Scotians.





IPV Victimization = ___ Perceived Social Support





IPV Victimization = Perceived Social Support

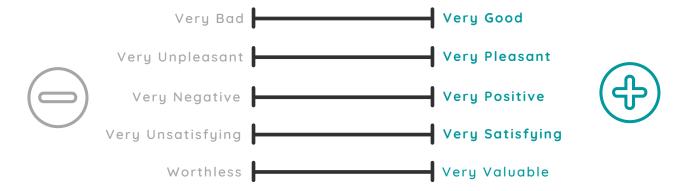
RELATIONSHIP SATISFACTION

We asked participants to describe their overall relationship with their current romantic partner.

Relationship Satisfaction was measured using the Global Measure of Relationship Satisfaction (GMREL).

Scores ranged from 5 to 35.

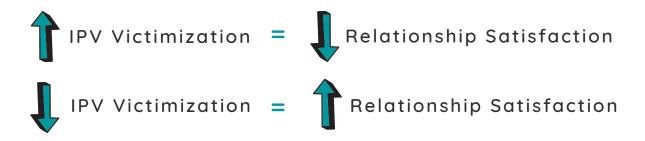
Participants rated their overall relationship on the following seven-point scales:

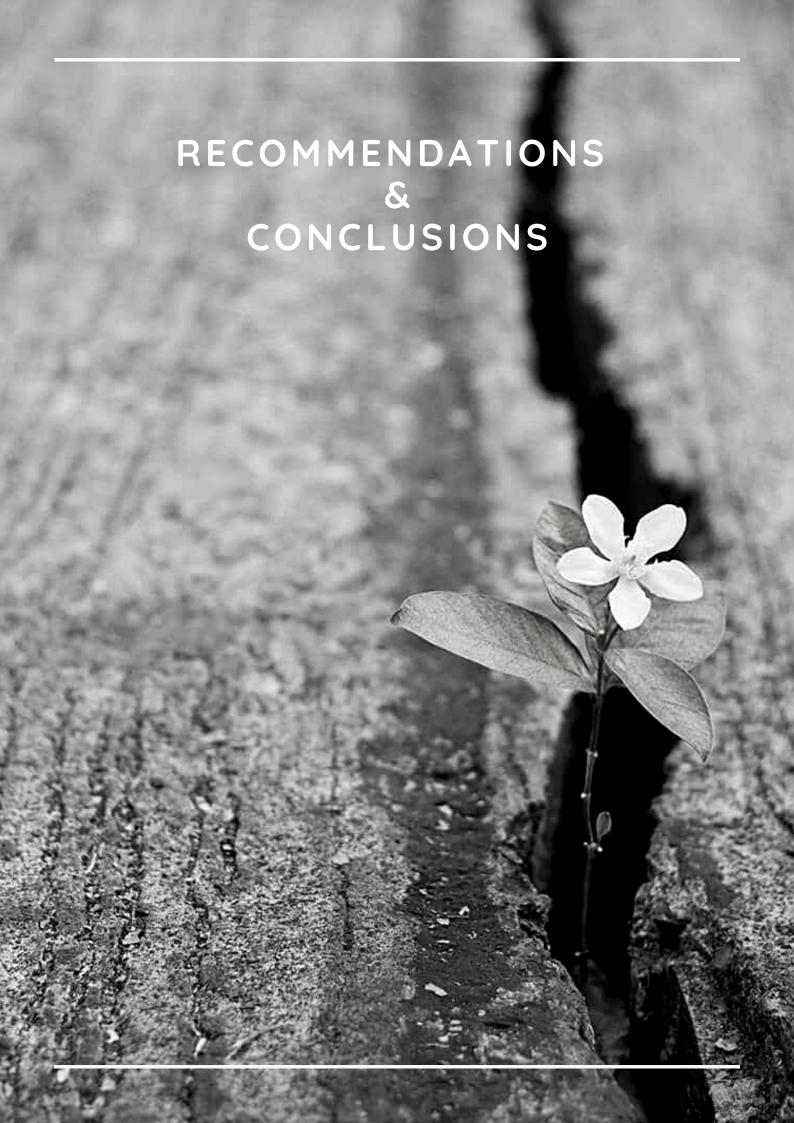


Psychological IPV Victimization*
Sexual IPV Victimization*

were significant negative predictors of

Relationship Satisfaction







CONCLUSIONS

Canadians vs Nova Scotians

The findings of the current report suggest that Canadians and Nova Scotians are reportedly experiencing comparable rates, risk factors, and outcomes of IPV.

Demographic Risk Factors for IPV

The results suggest that in the current sample, married or common law couples are at greater risk for psychological IPV victimization; women and married or common law couples are at greater risk for psychological IPV perpetration; and younger individuals, parents, mixed-sex couples, and individuals in newer relationships are at greater risk for sexual IPV victimization.

COVID-19 Relationship Risk Factors for IPV

The findings indicate that couples who have negative reactions to the pandemic are reportedly at greater risk for both IPV victimization and perpetration.

Risk Factors for IPV Perpetration

This report identifies several factors that increase individuals' risk for IPV perpetration, including PTSD, stress, difficulties in emotion regulation, avoidant coping, and stressful life events.

Outcomes of IPV Victimization

The current report highlights the negative outcomes of IPV victimization, including higher rates of PTSD, depression, anxiety, stress, and avoidant coping, as well as lower perceived social support and relationship satisfaction.

Limitations of the Current Report

There are a few limitations of the current report. First, our samples of Canadian and Nova Scotian participants were psychologically healthy and did not reach clinical cutoff scores on measures of mental health. Our samples also lacked racial/ethnic and sexual/gender diversity, so we were unable to investigate IPV experiences within specific marginalized groups. Participants reported low rates of physical IPV victimization and perpetration, thus we could not explore risk factors or outcomes of physical violence. In addition, the survey did not account for sexual IPV perpetration. Therefore, the results outlined in this report may not generalize to populations who are experiencing severe mental health difficulties, physical IPV, or sexual IPV perpetration, or specific marginalized groups.



RECOMMENDATIONS

At Risk Populations

It is important that organizations that serve women, families, and couples, including women's and sexual health clinics, as well as those that serve sexual and gender minorities, such as LGBTQ+ outreach services, provide extra supports for populations at greater risk for IPV victimization and perpetration. Such populations include younger individuals, parents, women, married or common law couples, and individuals entering new romantic relationships. For instance, organizations may provide accessible online services and resources to help detect and respond to instances of IPV. Preventative services may also be offered for groups that are at particularly high risk of IPV victimization and perpetration.

Mental Health Supports

Mental health difficulties were identified as a significant risk factor for IPV perpetration and an outcome associated with IPV victimization. Mental health supports should be put in place to effectively address the needs of IPV victims, who may be experiencing heightened psychological distress such as depression and anxiety. Similarly, supports should be implemented to reduce the risk of IPV perpetration. The COVID-19 pandemic poses an unusual challenge for organizations, as they must determine how to provide support to those in need while also following physical distancing guidelines. The use of virtual supports (e.g., online therapy and workshops) may be the most accessible solution for individuals at this time, particularly those who are immuno-compromised.

Coping & Stress Management

Avoidant coping strategies and life stress contributed significantly to IPV perpetration risk and were associated with IPV victimization outcomes. Because victims of IPV are at risk of heightened psychological distress, both due to their IPV victimization experiences and the COVID-19 pandemic, organizations should offer supports and resources that focus on developing healthy strategies to cope with such distress. Organizations should also focus their efforts on building stress management and emotion regulation programming for IPV perpetrators. It is important that organizations develop these programs and supports in such a way that is accessible to all populations at a distance.

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More information about the COVID-19 Interpersonal Coping Study and access to other reports based on the study can be found at www.drkarenblair.com/covid.