Vulnerability and Resilience across Different Populations during COVID-19: A Research Reflection

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Abstract

During the COVID-19 pandemic, distinct insights were brought forth by university students globally, intimate partner violence service providers, and pregnant women, despite the scarcity of research focusing on these groups. This review article synthesizes insights from our four qualitative research on these demographics, highlighting shared vulnerabilities and resilience mechanisms encountered amidst the pandemic. In our conducted studies, data was collected using qualitative method containing some quantitative questions. In-depth interviews with 60 participants and six focus groups consisting of 60 participants total took place. In all, data was gathered from 123 participants. Five vulnerability and resilience commonalities during COVID-19 emerged across these populations: (1) health challenges, (2) interpersonal difficulties, (3) issues with technology, (4) unexpected benefits, and (5) coping and resilience strategies. Also, two subthemes, mental health and physical health, were identified under health challenges. This review study underscores the importance of enhancing community support systems, improving the availability of resources, bolstering online educational methods, and delivering essential services during crises. Our findings highlight crucial considerations for both practice and policy modifications.

Keywords: *COVID-19, IPV service providers, pregnant women, social workers, students.*

Introduction

In December 2019, the coronavirus (COVID-19) was identified, and it became a global threat (Batra & Sharma, 2022). All aspects of daily life and health were impacted by COVID-19 (Batra & Sharma, 2022). Early on in the epidemic, social distancing mandates and lockdowns were implemented to minimize the spread of the virus (Batra & Sharma, 2022). Yet, worldwide, individuals living through the pandemic experienced social, physical, mental health, economic, and educational repercussions (Batra & Sharma, 2022), COVID-19 also impacted the practice of social work (Okafor, 2021).

As a helping profession, social work seeks to address social problems and provide awareness, support, and social inclusion to the general population, particularly vulnerable individuals (Okafor, 2021). Many individuals experiences a heightened level of vulnerability during COVID-19 as a result of increased intimate partner violence (IPV), financial strain, and severe health risks, among others (Brooks et al., Center for Disease Control, 2023; 2020; Malik & Naeem, 2020; Piquero et al., 2021). These pandemic-related changes were a call to action for social workers as survivors of IPV, pregnant women, and university students required assistance (Okafor, 2021). Individual and cultural

variations in experience were present, which further complicated the role of social workers (Conway et al., 2022; Golightley & Holloway, 2020). Unfortunately, many in the field faced ethical dilemmas and burnout from the elevated demands that accompanied COVID-19 (Banks et al., 2020; Peinado & Anderson, 2020).

A culturally informed, phenomenological understanding of COVID-19 is needed in order for social workers to best serve clients, agencies, and communities. This insight will allow social workers to practice more efficiently without sacrificing effectiveness. Additionally, access to this understanding may provide the tools to minimize burnout.

Methods

This research reflection aimed to understand similarities across populations regarding COVID-19 impacts a global level. Data from our recently conducted qualitative studies that focus on COVID-19 impacts on four different populations have been evaluated here. The survey data and in-depth interviews from social service providers who worked with survivors of intimate partner violence (IPV), women who had childbirth experiences, and students who encountered distance learning during this pandemic in the United States of America (USA) and Bangladesh have been assessed in this research reflection.

In total, 63 interviews were conducted with 35 new mothers, 15 IPV service providers, and 13 social work university students from the USA. Additionally, six focus groups with 60 participants in total took place with Bangladeshi undergraduate (43.88%) and graduate (51.67%) students. Across the four studies, data from a total of 123 participants was analyzed in this review. Participant ages ranged from 19 to 65 years. The duration of interviews and focus groups fell between 60 and 90 minutes each. Interview lengths and sample sizes align with standards of qualitative research, and data collection took place until saturation was achieved (Creswell & Poth, 2018; Draucker, et al., 2007; Guest, et al., 2006). All participants provided written consent before engaging in the aforementioned studies.

Results

While a diverse set of individuals were interviewed, similar themes emerged across populations. Patterns of health challenges, interpersonal difficulties, issues with technology, unexpected benefits, and coping and resilience strategies were shared across IPV service providers, new mothers, university students from Bangladesh, and USA students. These overlapping themes and their applications for the field of social work are discussed in this study.

Health Challenges

Individuals who lived through the pandemic noted that their health was impacted. Mental health effects such as depression and anxiety were common. Changes to physical health such as headaches and back pain were also reported.

Mental Health

Isolation related to COVID-19 was a prominent theme across participants that influenced mental health. One IPV service provider explained, "There [was] just kind of like this feeling of disconnect." Another IPV provider said, "A big barrier during COVID…[was] increased isolation." Similarly, a new mother reported, "All the ultrasounds were by myself, and the visits were

by myself. So, it was very frustrating. It was very disheartening. It was very heartbreaking." A Bangladeshi student shared, "I felt depressed…I was disconnected from my many close friends, and it made an impact on my life." Overall, the inability to connect with others played a substantial role in participant's mental health.

Experiences of added stress, depression, and anxiety were also common. A USA student described the anhedonia and apathy that accompanied feelings of sadness and hopelessness in the learning environment, "I got unmotivated, and I felt like there was no reason to really look forward to learning." A Bangladeshi student noted a similar experience, "I felt that studying was useless, as I could not confirm when we would return, and the lack of studying…contributed to my depression." One pandemic mother shared that her post-delivery mental health functioning was worsened by the pandemic. "COVID really did, I think, amplify postpartum [depression] for me." An IPV service provider reported that the uncertainty that accompanied COVID-19 led to feelings of anxiety. "I was just so anxious and stressed throughout [COVID] worrying about…what's going to happen." A student in Bangladesh said, "My anxiety was too much." Similarly, one IPV service provider noted an "increase in anxiety… so much stress and worries… all this extra stress… a lot of stress a lot of anxiety."

Physical Health

The psychological side effects of the pandemic were compounded by physiological complications for many participants. One new mother mentioned that her body aches from the virus led to a "depressive state because I was like, I can't breastfeed my baby because my milk is drying up." Virtual students suffered physical health problems such as "headaches and back pain due to sitting and staring into a screen for long periods of time." A pattern of changes in weight was also reported. A Bangladeshi student engaged in pandemic-related distance learning said, "It did physically affect me, as I had gained 10 kilograms of weight during that time." Another reported, "I, on the other hand, lost weight due to staying at home all the time." Similarly, an IPV service provider said, "I lost weight."

Taken as a whole, participants' physical and mental health suffered during COVID-19. Mothers, IPV service providers, and students shared an array of symptoms that manifested during the pandemic. Unfortunately, their ability to address these difficulties via healthcare services was also problematic at times.

Interpersonal Difficulties

A number of interpersonal challenges were shared across participants. The lack of social support that many individuals encountered was impactful for them during the pandemic. Many new mothers reported that visitation policies were restricted, which led to interpersonal strain and a sense of loneliness. One mother expressed that she "was only allowed one visitor." A USA student shared, "It [COVID-19] did impact my family's relationship for one, like, my immediate family, they live further away. So I wasn't able to go see them." A Bangladeshi student described a similar situation, "Our family situation is not good." Additionally, pandemic-related job loss shifted family dynamics. A student in the USA expressed, "Other members of my household lost employment. So, I had to start helping." A Bangladeshi student who lost his tutoring job during COVID-19 echoed this sentiment. "Due to the lockdown for six months…[my father] did not [get] the salary for those months. Due to losing these two sources of income, he felt a lot of pressure." This student shared that his

family relationships were impacted as a result of the financial hardships; he noted that these types of struggles became "the norm" during the pandemic.

Relationships with friends and colleagues were also altered during the pandemic. One IPV service provider reported that virtual meetings demanded energy and cognitive resources that many providers were already struggling to maintain during COVID. This IPV provider noted, "A social hour on Zoom just felt like more work and more draining…It was really difficult to find ways to like connect that didn't feel just as draining, as the ordinary work was that we did."Other participants expressed feelings of distance tied to missing events such as interpersonal gatherings and funerals in addition to lower levels of interaction with others.

Differing views on COVID-19 also created a wedge between some individuals. One pandemic mother explained that these differences in opinions increased barriers for social gatherings such as baby showers:

We said that one of our things was, 'Hey, are you vaccinated?' So, if we had people who weren't vaccinated, then, you know, some people took offense to you asking them that. Or to wear masks, like, I think it–it caused unnecessary confusion.

Likewise, an IPV service provider described "There were a lot of different beliefs. [COVID] was very much so a hot topic." Overall, the pandemic changed the way in which people interacted with one another, and relationships were altered as a result.

Issues with Technology

COVID-19 demanded physical distancing worldwide. Therefore, many things, such as education, healthcare visits, and social gatherings, shifted to virtual platforms. Yet, barriers arose that hindered the ability for a seamless technology transition.

Access to technology devices and reliable internet connectivity was an issue for some participants. Financial barriers, remote locations, and IPV perpetrators breaking devices or monitoring the use of technology were reported. Oftentimes, participants said that they relied on mobile data or went to places such as local fast food restaurants to access free Wifi. One IPV service provider said:

Many of the people we're helping and supporting…may not have access to internet, or because of the nature of the intimate partner violence they're experiencing, their mobile device that they have available to them is not secure because it's maybe constantly being monitored or tracked.

Bangladeshi students expressed similar experiences with "serious network issue[s]" leading to problems with "submitting assignments," completing "exams," giving "presentation[s]," and prompt "attend [ance]" during lectures.

When able to access reliable internet, barriers to virtual learning were evident for many individuals. One student in the USA shared that distance learning, "felt like I had to learn how to comprehend all over again." This student reported needing extra time to fully grasp the information with which they were presented. A Bangladeshi student said, "The online education of Bangladesh is a quite new form of education for this country, so many of us were confused and had difficulties handling the new applications and technologies." Likewise, another student from Bangladesh shared, "If I talk about most significant challenges, then technological oriented tools practice. We don't practice this at all."

In addition to the issues with internet connections, virtual platforms, and technology devices, participants had a difficult time finding quiet, private spaces to conduct their lesson or telehealth sessions during COVID-19, particularly when stay-at-home orders were in effect. This was an issue for participants who "live[d] with a lot of other people." A USA student mentioned, "I needed to really concentrate, but there was no quiet place." Roommates, children, and other family members often made privacy difficult to locate. IPV service providers also expressed that occurrences and intensity of IPV increased during the pandemic, which made virtual sessions dangerous for some IPV clients to conduct within their homes. An IPV provider shared that one of the biggest barriers to telehealth sessions was "abuser presence, since abuser[s] may be at home or maybe working from home." IPV providers also noted that maintaining privacy during telehealth services was difficult when family, friends, or roommates were present.

There were interruptions if their children were at home. There were definitely interruptions on my end as well, because my husband is retired and at home and has Alzheimer's, so there were there were him sometimes calling me and needing something, so there was, there were those barriers.

Distance learning and telehealth sessions were necessary during the pandemic. Yet, many individuals experienced problems accessing and navigating virtual platforms. Despite these barriers, a number of participants experienced virtual platforms and services to be a beneficial, positive experience.

Unexpected Benefits

COVID-19 led to many alterations and challenges in daily life; however, unexpected buttresses were also reported by participants. Some IPV service providers found telehealth to increase accessibility for their clients, as flexibility and efficiency were improved. Previous barriers such as transportation and finding childcare were removed. One provider said, "We can do appointments over [telehealth] with them, and so, that's really been fantastic being able to reach so many more people in different ways." Another IPV provider reported rates of client attendance were better. Even when in-person services resumed, they found that some clients and providers were hesitant to transition back to fully in-person visits.

Participants also shared that it was easier to set boundaries, and other individuals seemed to be more respectful of these interpersonal limits. One pandemic mother said, "I was happy that we couldn't have a lot of outside company 'cause it actually gave me time to, like, sleep when me and my husband to be with the baby."

Work boundaries were also set that helped IPV service providers and clients feel safer. "There were some benefits in, in that people knew that they weren't going to be exposed to the virus. They knew that they would be safer if they were home." Likewise, a new mother explained, "I didn't work as much, so it was a blessing…for my body…I got to rest more." Overall, participants shared that while COVID-19 presented difficulties, positive aspects were also present such as flexibility and boundaries.

Coping and Resilience Strategies

In an effort to overcome pandemic-related issues, themes of coping and resilience were shared by participants. One of these strategies was finding ways to connect and communicate with others. For

example, an USA student expressed, "Talking to my classmates and being in constant communication with my professor for clarification" and "utilize[ing] my cohort more. Um, it just made things easier since they were just as lost…We kind of collaborated on ideas." Another student said that the pandemic was an event that equalized individuals and helped to foster connection by "recognizing, you know, this is a humbling experience for everyone." An IPV service provider reported a similar dynamic at their agency that helped them function, "It also allowed us to get closer than we typically would have." Work relationships with higher levels of communication were described to be "amazing" and "understanding," which helped IPV service providers avoid burnout.

"Mental health checks" from teachers, classmates, supervisors, and other support people in participants' lives were also beneficial coping strategies. Additionally, awareness that symptoms, such as anger, may not always fit the "textbook descriptions" of mental health issues was helpful for one mother diagnosed with postpartum depression. Methods of self-care were used by many of the participants. For many IPV service providers, this took the form of their own therapy sessions. One shared, "I found like an online counseling group." Other approaches to self-care included being outdoors, music, reading, exercising, and using virtual platform to connect with others. One participant said, "We went outside a lot...did a lot of things as a family, which was really nice and kind of forced us to slow down. And, and take a step back and look at everything we do have. And be thankful for what we do have...We did a lot of kind of hunting and fishing activities together as a family, so that was really cool." These self-care practices facilitated academic success, prevented burnout, and strengthened interpersonal relationships during the pandemic.

Discussion

A qualitative analysis of COVID-19 vulnerability and resilience was provided by this study using four diverse populations - Bangladeshi university students, IPV service providers, new mothers, and university students in the USA. Patterns were identified across participants. Specifically, an amplification of mental health issues was found in all populations, issues with technology, and resiliency through self-care were reported.

Despite the increases in mental health concerns during COVID-19, access to mental health services were not readily available to all (Ater et al., 2023; Mamun et al., 2021; Rashid Soron & Chowdhury, 2021; Scholz et al., 2022; Tirintica et al., 2016). Barriers such as stigma, cost, unawareness of available resources, transportation difficulties, and, particularly in Bangladesh, scarcity of service providers, hinder access (Coates et al., 2019; Rashid Soron & Chowdhury, 2021; Scholz et al., 2022; Tirintica et al., 2016). In order to facilitate equitable mental health services for all populations on an international level, local and federal policy changes offering free and reduced cost services, campaigns for stigma reduction, and transportation assistance should transpire. At an agency level, social workers should be available at every local healthcare department to provide a showcase of community mental health resources and assistance. New mothers, for example, may be directed to social workers for questions about parent groups and responding to feelings of fear, anxiety, and depression.

While the era of COVID-19 is waning, other crises such as natural disasters are demanding attention, and telehealth options continue to be offered as effective intervention strategies that increase access (Reay et al., 2021; Talarico, 2021). However, it should be noted that obstacles are also present when using remote services (Scholz et al., 2022). Participants in this study reported that lack of privacy, limited interpersonal connection, restricted access to reliable network connections and/or technology devices, and difficulties navigating virtual platforms were present within both healthcare and educational spheres.

Therefore, all of the sectors of telehealth and remote learning should become more developed to allow people to feel more comfortable receiving remote services. For example, when people are meeting with a doctor, social worker, or teacher, the level of ease should be similar to face-to-face encounters. Bringing providers and clients or teachers and students together at events is suggested to bolster interpersonal bonds (Scholz et al., 2022). Consumer involvement in the design, delivery, and evaluation of services has also been shown to increase the partnership between providers and service users, so insight about user experiences and feedback should be highlighted (Scholz et al., 2022). Additionally, city, community, and agency level social workers should ensure that training such as how to access information from the internet should be made available to users to minimize technological barriers. Social workers should also advocate for policy changes providing access to free internet and technology devices for those in need, particularly during times of crisis.

Lastly, self-care served as a protective factor for participants in this study and heightened levels of resilience. This theme is supported by current research (Dias et al., 2022). Greater levels of self-care literacy has been shown to increase the display of self-care behaviors, which, in turn, decreases the number of health problems (Dias et al., 2022). Self-care is often conceptualized as an individual action, and some individuals place more importance on these behaviors than others. Yet, agency changes can facilitate self-care literacy and allotted time for multiple people. Social workers possess the insight and platform to suggest self-care changes at the agency level in an effort to increase health outcomes for all.

Conclusion

The results of this investigation reveal the complex interplay of vulnerability and resilience experienced by diverse international populations during the COVID-19 pandemic. It is evident that comprehensive policy adjustments are imperative to mitigate the obstacles encountered and to enhance the protective mechanisms that support individuals and communities through such unprecedented times. These policy reforms should aim at dismantling the systemic and logistical barriers that hinder access to essential services, including mental health support, technological resources, and social care.

Social workers, with their deep understanding of community needs and the socioeconomic factors that influence vulnerability, are poised to take a leading role in advocating for these changes. Their expertise and commitment position them as critical agents for change, capable of driving efforts both at the grassroots level and within the halls of government to secure the necessary adjustments in policy and practice. This advocacy is crucial for enacting local and federal policy reforms that can more effectively address the disparities and challenges revealed by the pandemic.

Furthermore, social workers can spearhead initiatives within agencies to adapt services and programs to meet the evolving needs of those they serve. By incorporating lessons learned during the pandemic and leveraging their insights into community dynamics,

they can help design more resilient and responsive support systems. This includes facilitating access to mental health care, improving the delivery of remote services, and ensuring that individuals and families have the tools and resources they need to navigate crises.

In conclusion, the findings of this study underscore the urgent need for policy innovations and the redesign of service delivery models to better protect and empower individuals during crises such as the COVID-19 pandemic. Social workers are integral to this transformation, offering the vision, knowledge, and advocacy necessary to guide society towards more equitable and resilient futures. Through targeted policy changes and strategic agency-level adjustments, we can hope to build a more supportive and adaptable infrastructure that safeguards the well-being of all community members, particularly the most vulnerable, in the face of global challenges.

Conflict of interest: The authors declare that they have no conflict of interest.

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