



Eradicating the Pandemic of Violence against Women (VaW) during COVID-19: the critical imperative for health

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EXECUTIVE SUMMARY

Prior to COVID-19, the #The MeToo movement took the world by storm, exposing the extreme suffering of women at the hands of abusers. The United Nations (UN) has described Violence Against Women (VaW) as “perhaps the most shameful human rights violation”¹ VaW is a longstanding global public health problem which has been ignored despite the efforts of many. Survivors of VaW are facing disproportionate consequences due to COVID-19 and resulting lockdowns and economic hardship worldwide. As a result of COVID-19, the reality of significant morbidity and mortality is gaining more attention, particularly as VaW is increasing. In this policy brief, we address issues related to VaW and COVID-19 through a social justice lens that applies a feminist anti-racism analytical framework.

We argue that this critical time period can be used to catalyze long lasting changes to prevent and mitigate VaW through comprehensive short and long term policy measures related to education, research, media coverage, legislation, policing, social work and so forth. It is urgent that governments everywhere make women and children safety an immediate priority through the provision of safe housing, food security, healthcare and retraining for livelihoods. The pandemic of VaW must never be silenced again and movements such as #MeToo ought to be supported to promulgate effective human right changes that lead to systemic and institutional justice. Because of the intensification of VaW during this time, Covid-19 offers the world the opportunity to eradicate VaW once and for all.

Eradicating VaW is a complex endeavor which requires buy-in from all sectors. Here, we consider the complex intersection of issues creating the current climate of heightened violence against women during Covid-19. Global leaders in government, business, and other sectors, in addition to local community members, ought to make efforts to protect women’s lives and shift the public narrative related to VaW. Empowering boys and men to prevent and combat VaW is a critical part of this work. Toxic masculinity, which is defined as widely accepted gender norms about men’s authority and men’s use of violence to exert control over women, is

one of the deadly roots of VaW. Everyone on the gender spectrum has a role to play in ending the deadly pandemic of VaW.

FOCUS OF THIS PAPER

This brief policy note provides insight on the global context about VaW during Covid-19 and makes recommendations which we sincerely hope will be taken up around the world.

CONTEXT

Around the world, the pandemic has already disproportionately impacted women (United Nations, 2020). One major impact of COVID-19 is related to the stay at home orders. The home is not safe for women entrapped with their abusers. Moreover, regular escape routes that women typically utilize, such as staying with friends and family during acute episodes of violence, have evaporated as many people are fearful of viral contamination. To make matters worse, in some women's shelters, a negative COVID test result is needed before women are granted safety. Additionally, because courts in many countries are closed, it is more difficult to obtain a restraining order against perpetrators of violence and in some cases, these orders have been canceled (Hurtas, 2020).

VaW is thus a pandemic within a pandemic (Gwenn, 2020). Without the layer of COVID-19, about 50,000 women worldwide are killed annually due to VaW" (Gwenn, 2020). Additionally, one in three women around the world will experience physical or sexual violence in their lifetime (Godin, 2020). VaW, which is an issue of gender inequity, is fueled by social norms and structures. Male-dominated societies tend to undervalue women and authorize men to treat women as second-class citizens. This begins in early childhood when girls receive unequal treatment compared to boys in matters of household chores, access to education and other opportunities. Girls are often forced to stay at home, while boys are encouraged to have active lives inside and outside the home.

Survivors of VaW face immense social, physical, and mental health consequences because of the violence they have faced. Survivors are more likely to experience depression, heavy alcohol and substance use, PTSD, anxiety, increased stress, chronic disease, injuries, and physical disability. (Wilkes, 2018). Aggravating factors include low socioeconomic status, inadequate social supports, low education, substance abuse, mental illness, and employment status (Bradley, DiPasquale, Dillabough, & Schneider, 2020). Unemployment for men, drug abuse, owning a firearm, and previous instances of abuse are factors that increase the risk that VaW will result in femicide (Campbell, Webster, Koziol-McLain, Block, et al., 2020). Social and cultural norms related to gender, specifically hegemonic toxic masculinities, patriarchy, and oppressive cultural practices contribute to social environments that perpetuate VaW. In cultures where "macho" attitudes are highly valued, there is a higher association of violence against women (Weldon, 2002). Advancing women's rights and gender equity, will improve women's safety and decrease the impacts of VaW.

Because of COVID-19, the underlying issues contributing to VaW are more prominent. COVID-19 introduced uncertainty, heightened economic pressure, layoffs from work, increased stress, and stay at home orders, resulting in survivors isolating themselves with perpetrators of abuse. This creates a perfect storm where survivors face an increase in violence without being able to access appropriate services due to government mandated shutdowns and periods of isolation (Taub, 2020). Exacerbated by COVID-19, many women have found themselves taking on the role of unpaid caregivers to family members (Lewis, 2020). Additionally, oftentimes

perpetrators of violence control or withhold financial resources (Godin, 2020). The interruption of source of income has placed both financial and psychosocial burdens on breadwinners who are mostly men (United National Population Fund, 2020). Without the economic means to provide for their families, heightened tension and lack of resources in the household can lead to VaW. Furthermore, women who are economically independent have a heightened ability to leave VaW situations, where those who do not are often left with few options (WHO Fact Sheet, 2017).

Correlating data suggest that VaW is acting like an “opportunistic infection” flourishing in the conditions created by COVID-19 (Taub, 2020). With families in lockdown worldwide, hotlines are lighting up with abuse reports (Taub, 2020). Perpetrators of violence, who may have suffered a job loss or an increase in stress, have greater opportunities to incite violence due to stay at home orders allowing for more access to victims (Taub, 2020). Perpetrators of VaW typically isolate their victims in order to maintain control and power over them; stay at home orders inadvertently reinforce control and abuse perpetrated by abusers, and thus by their very nature create environments where survivors of violence are inherently more vulnerable. Additionally, women face negative economic consequences that can last for years after the violence ends, as the mental and emotional reverberations of violence impact job stability, economic well-being and livelihood (Wilkes, 2018). Finally, systems and services designed to support survivors have historically been poorly funded worldwide, because this issue has been relegated to the sidelines (United Nations Agency for International development, undated).

An increase in femicides implies that VaW poses an increasingly significant and lethal threat to women worldwide under COVID-19 lockdowns (Bradbury-Hones & Isham, 2020; Prusa, Garcia,& Soledad, 2020; Jeltsen, 2020). In responding to the pandemic, there has been a general lack of intentional thought related to stay at home orders and VaW, stemming from a global lack of commitment to addressing VaW.

By changing public opinion on VaW, specifically around social values as related to women’s rights, women’s movements expand public imagination around what is possible for women (Weldon, 2002). The #MeToo Movement, in particular, led by Tarana Burke, has been a force for effective change that has gained a great deal of momentum from high profile actors, leaders and others, in many countries. This movement, and affiliated movements such as #timesup, has connected gender, ethnocultural, income and intersecting issues as they relate to VaW and child abuse. Changing public sentiment has the larger effect of influencing politics and the legal system because politicians and local leaders feel pressure from their constituents about what the current social problems are (Weldon, 2002).

Furthermore, having more women in office allows for an increase uptake in government action against issues against women, like VaW (Weldon, 2002). Conversations to demystify and destigmatize VaW should be ensured between policy makers and other relevant stakeholders in order to prioritize an understanding and any association of shame/disgrace related to VaW with the adoption to mainstream practices. Effective approaches, which are at times contrary to regional or national policies and practice, could be enhanced by women’s movement advocates worldwide, maintaining pressure on policy makers or relevant stakeholders.

POLICY ACTION

Here we examine VaW and policy actions as related to VaW throughout COVID-19 with lens of social justice. Women’s movements worldwide, such as #MeToo, have been responsible for getting VaW to be recognized as a social issue rather than being considered a private affair,

forcing VaW to be introduced as a government and public agenda.⁹ Global women's movements have shifted public discourse, social values around VaW in addition to prompting systemic government action in support of survivors of VaW (Weldon, 2002).

In India, for example, "the Battered Women's Movement (BWM) and the ADVN (Anti-Dowry Violence Movement attempted to challenge the hegemonic ideology that family was a private sphere, not subject to state interests or action, and that the state had no interest in family"(Weldon, 2002). In the United States, the #MeToo movement transformed public opinion around VaW by providing a platform for women survivors of VaW to share their stories and by unearthing how prevalent the horrific terrors of VaW that permeated the American society. The #MeToo movement used a popular tactic employed by women's movements worldwide of latching on to high profile cases that bring to light the issue of VaW to mainstream media and public awareness.

In order to change public sentiment and policy, including boys and men is essential, since in many places men are the majority of decision and policy makers (Ramsey, 2019). Social values that shape intolerance of violence against women are shaped during childhood (The National Academy Press, 2018). Additionally, in many places around the world, natural socialization of boys acts as a barrier to becoming male social justice allies (Minieri, 2014). Therefore, it is essential to begin teaching children, especially boys, to be social justice allies early on in life. Additionally, this education should include how VaW affects men and boys, in addition to the local economy and community. This education would support boys and men to take ownership of the decisions made in their own community and would ensure that the women and girls in their community are well supported and valued (Oxfam, 2020).

Policy Recommendations

1. During COVID-19, governments and other sectors ought to prioritize women and children through well-resourced programs aimed at the provision of housing, food security, and training programs for women survivors' livelihood.
2. Researchers, educators, and decision makers ought to draw attention to the pandemic of VaW within and alongside the pandemics of Covid-19, racism, opioid overdoses, climate injustices, and nuclear arms. Media outlets ought to cover the reality of multiple pandemics.
3. A spectrum of educational programs that are aimed at prevention of VaW should be adopted and supported by local and national governments. This spectrum should include a model similar to the Australian Spectrum of Prevention, which includes "strengthening individual knowledge and skills, promoting community education, educating providers, fostering coalitions and networks, changing organizational practices, and influencing policies and legislation"(Flood, 2010).
4. Curriculum development of training in primary and secondary schooling should focus on how to educate men and boys to unlearn hegemonic masculinity socialization and to become male social justice allies. Running services and schooling with how to educate men and boys to prevent VaW, understand hegemonic masculinity. Working

with men and boys to consider the importance of their own role in the work fosters self-efficacy, leading to men understanding their own role in preventing VaW and educating other men about the importance of preventing VaW.

5. In the context of healthcare education and professional development:
 - a. Further training in supporting VaW is essential. Specific training for the providers' role in supporting survivors is essential, especially for those localities where healthcare providers are more likely to be men than women. The internet provides a safe learning and training platform within the context of COVID-19. Online training and workshops for healthcare providers serve to help identify, empathize, ask, and listen to survivors of VaW. The WHO clinical book on Domestic Violence should serve as a guide in training. Adoption of SAFE technique by the American College of Surgeons, which puts emphasis on four major questions including stress/safety, afraid/abused, friends/family and emergency, should be incorporated in various training programs.
 - b. Healthcare providers must decenter patriarchal masculinity. Any form of stigmatization and trauma attached to those providing care to VaW survivors must be eradicated through community-based education since the culture in most communities encourage acts of discrimination resulting in women having less privilege and power. Health providers must question survivors where they suspect VaW using a trauma informed and women-centered lens.
 - c. Health care providers must maintain awareness of VaW, see opportunities for self-education, develop strategies for discussing VaW, and become familiar with currently available local resources for patient referral. Furthermore, VaW screening tools must be readily accessible in healthcare settings (Boserup, Mckenney, & Elkbuli, 2020).
6. In the event of future crises, government policies and responses must consider the intersection of issues and the economic and social implications these crises have on women, specifically survivors of VaW. Governments must prioritize funding to VaW services and hotlines.¹⁸ Governments should consider direct cash grants to survivors who must leave their home due to violence and abuse.²¹ Governments should be prepared to think innovatively and creatively about solutions.
7. Legislation that supports the human rights of women to safety ought to be enshrined in all jurisdictions. Enforcement of this legislation, with appropriate resourcing, ought to be a high priority for all governments. This includes retraining police forces, social work staff, communities, and others.
8. Supporting movements such as #MeToo to continue their important work in drawing attention to VaW for a long lasting systemic and institutional change.

Conclusion

There are no easy resolutions to VaW worldwide. Our recommendations above begin to address the underlying issues causing VaW. Decreasing VaW during a crisis, such as COVID-19, requires changes to the root causes of VaW, including toxic masculinities, patriarchy, and oppressive cultural practices.¹⁷ Social justice movements such as #MeToo, along with the widespread impact that they have, promise to usher change in this arena.ⁱ

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