COVID-19 & GENDER-BASED VIOLENCE IN CANADA:
Key Issues and Recommendations

vawlearningnetwork.ca

Inspired by the working paper by Peterman and colleagues, *Pandemics and Violence Against Women and Children*,[1] this document examines how COVID-19 may create "pathways" leading to Gender-Based Violence (GBV) and Violence Against Women and Children (VAW/C), with a specific focus on the Canadian context.

The first section of this document highlights the various "cross-cutting risks for all types of VAW/C" that the COVID-19 pandemic may produce for individuals in 2SLGBTQ+, Indigenous, Black, and ethnic minority communities, as well as older adults, people with disabilities, and the working class.[2] The second section of this document outlines key recommendations for responding to gender-based violence in Canada during this pandemic. Examining how COVID-19 creates pathways for social harms beyond the illness itself (such as violence) is essential to developing appropriate responses in social policy, public messaging, and health promotion.

PATHWAYS TO VIOLENCE AND BARRIERS TO SUPPORT DURING COVID-19: AN INTERSECTIONAL VIEW

1. Crises are a catalyst for gender-based violence.

Gender-based violence is a predictable and consistent side effect of economic, epidemiological, and environmental crises such as COVID-19, although evidence of increased GBV may or may not surface immediately.

- The stress of social/physical isolation measures, employment interruptions, or financial pressures may lead to increased conflict in the household. It may also lead to risk factors that are associated with higher rates of intimate partner and sexual violence, such as alcohol use.[3]

- Changes in the use of services such as shelters, hotlines, and emergency rooms for non-COVID-19-related reasons have varied across jurisdictions in Canada. Some organizations have experienced spikes in service usage, while other organizations have seen decreases in intakes since physical distancing policies went into effect. These trends will require monitoring over time, as well as comprehensive funding to ensure adequate support for individuals experiencing GBV before, during, and after the pandemic.

- Some barriers to services are discussed below; however, as past disasters have shown, the full extent of GBV will only come to light in the aftermath of the shutdown, making it hard to fully understand the severity of the situation as it unfolds.[4]

2. Perceptions of risk and changes to health and social services may leave some individuals with fewer options for reporting or escaping the violence they experience.

Inability or uncertainty about accessing medical, police, court, educational, and crisis services during COVID-19 may prolong a person's exposure to violence, or delay access to treatments for violence they experience.

- With authority figures (e.g. public health and political leadership) giving a consistent message to stay home, women may be unaware that emergency rooms, shelters, and transition houses remain open during COVID-19, and/or they may face barriers to accessing these services. Medical staff have expressed concern

that some women may be discouraged from reaching out so as not to "burden" or overwhelm the system.[5] Concerns about exposure to the virus may also be a barrier to accessing resources outside the home.

- Suspension of in-person visits for children in care of Child Protective Services reduces the meaningful contact that children have with family and personal support systems.[6] In addition to the psychological distress that this isolation may cause, it removes opportunities to disclose potential maltreatment.[7] Considering the disproportionate rates of Black and Indigenous children in the child welfare system,[8] efforts to avoid further harm to Black and Indigenous families warrant special attention.[9]

3. Fear, stigma, and xenophobia place marginalized individuals at increased risk of violence.

The spread of misinformation and fear can culminate in harmful outcomes for women and children—particularly those who face marginalization in other ways as well.

- Some individuals may co-opt the pandemic to intensify abusive control over their partner. Fear of infection may be exploited to further isolate the partner (e.g. from children), to surveil their movements, or to discourage them from seeking refuge in shelters or accessing medical assistance.
  Learn More: Intimate Partner Violence in a Pandemic: COVID-19-Related Controlling Behaviours

- Xenophobia associated with infection may inflame discrimination and harassment. As was the case during the 2003 SARS outbreak, racist associations of the Chinese community with COVID-19 have motivated hate crimes, assaults, and harassment of East Asian individuals, including children.[10] One survey of Manitoba healthcare workers found that one in five workers who identified as Asian experienced racism in the workplace in the past month.[11]

- Policies designed to enforce social/physical distancing restrictions (such as fines or reporting lines) may be disproportionately applied to individuals from marginalized groups. For instance, individuals who are Black, who experience housing and food precarity, or who engage in sex work may face elevated risk of confrontations, surveillance, and criminalization over their presence in temporarily prohibited public spaces.[12] Increased surveillance may also negatively impact survivors' trust in governmental systems and social services, creating barriers to accessing such resources in the future.

4. Social/physical isolation creates conditions for violence, and barriers to escaping abusive situations.

Physical distancing measures place families in closer and more frequent proximity. It also separates them from informal supports, such as friends, co-workers, and extended family. Altogether, these factors may compound the barriers women face when considering whether/how to leave an abusive situation (e.g. emotional attachment, psychological distress, financial dependence, fear of escalated violence).

- Quarantines can exacerbate stress and other mental health issues for all partners, which may increase the risk of violence as well as impair one's ability to formulate or carry out safety plans.[13]

- Isolation can increase the risk of neglect for women and children with physical disabilities who may be dependent upon others for mobility, groceries, communications, etc. While support provided through virtual connections and online communications are important, these may be less accessible for low-income individuals, individuals living with disabilities, and/or older adults.

5. Strategies to reduce the spread of infection expose marginalized individuals to new and/or intensified forms of exploitation.

COVID-19 exacerbates the already-existing inequalities in Canadian society, and thus increases the potential for exploitive power dynamics to be acted out. In addition to the harm of exploitation itself, power dynamics can also create barriers to reporting violence.

- Those in control of limited resources (e.g. medicine, food, shelter, drugs) may wield these in order to exploit others for sex, money, or labour. Those under the authority of senior facilities, social assistance programs, corrections officers, landlords, and employers may face various forms of coercion.
- The threat of "outing" individuals who are 2SLGBTQ, migrants, or who do sex work is a common control tactic for exploiting an individual's vulnerability to eviction by a landlord, ostracism from one's family, or termination from work.[14] The labour and housing precarity brought on by COVID-19 magnifies the coercive power of this abuse.[15]
- Canada's history of institutionalized mistreatment of Indigenous women, and a lack of services that are run for and by Indigenous people, may be a barrier to Indigenous women seeking shelter or support.[16]

6. Hazards to the well-being of healthcare workers during COVID-19 are compounded by the effects of inequality and gendered violence.

Gendered and class differences in the field of healthcare leave women exposed to harms that are directly related to COVID-19 (i.e. illness) as well as indirectly related (e.g. trauma, violence, stress).

- In Canada, over half of all female workers (56%) are employed in the "5 Cs": caring, clerical, catering, cashiering, and cleaning.[17] Women comprise over 90% of nurses, 75% of respiratory therapists, and 90% of personal support workers.[18] They therefore face elevated risks of exposure to COVID-19.
- Violence and sexual harassment from colleagues, patients, and the public "is endemic within the healthcare sector."[19] This violence is heightened during emergencies, as is the toll that isolation, burnout, and secondary trauma may have on the longer-term wellbeing of healthcare workers.

7. Individuals in precarious and low-pay employment face new hazards in the workplace and constrained agency over their ability to assert their rights.

The COVID-19 crisis has revealed massive contradictions in the work that is "essential" to Canadian society and how that work is compensated. It has also shone a spotlight on the precarity faced by significant numbers of working people.

- The effects of COVID-19 intersect with a range of other systems of oppression in shaping the experience of GBV for working people.[20] Workers may face an increased workload and pressures to work in unsafe conditions, or threats of termination if they complain.[21] For instance, the use of heavy-duty cleaning chemicals, as well as risk of exposure to the virus itself, are significant health risks to cleaning staff. Many cleaners are employed as non-unionized contract workers and may feel unable to request additional protective equipment for their work.[22] Warehouse, delivery, grocery store, live-in care, and sex workers may face unique hazards but similar power imbalances at their jobs.[23]

RESPONDING TO GENDER-BASED VIOLENCE DURING COVID-19: KEY RECOMMENDATIONS

1. Collect data that enables an understanding of the multi-faceted impacts of COVID-19 in Canadian society, as well as potential sources of increased vulnerability to violence.

- Quantitative data should be disaggregated not only by gender but also by other factors such as age, disability, occupation, socioeconomic status, migratory status, geographic location, and behaviours (e.g. smoking and alcohol use).[24] Qualitative and mixed methods research should be undertaken to explore insights from the lived experiences and voices of individuals affected by the pandemic.

- Although the Canadian government has expressed that it currently has "no plans" to collect data disaggregated by race or ethnicity,[25] Black healthcare leaders,[26] as well as the Alliance for Healthier Communities,[27] have urged that an awareness of racial determinants of health is crucial to ensuring health equity during the pandemic.

- News reporting is an important source of public information about the pandemic's impact on different communities. Systematic peer-reviewed research will also be important for understanding the societal impact of this crisis. Research efforts should be coordinated and should ensure that studies addressing VAW/C are trauma- and violence-informed.[28]

2. Implement strategies for preventing and addressing GBV that are intersectional and gender-informed.

- Health system responses should continue to ensure that GBV survivors have access to support resources such as healthcare workers, confidential spaces, and non-judgmental empathetic care.[29]

- Specific focus should be placed on avoiding potential sources of exclusion in GBV and health service provision. This can be accomplished, for instance, by strengthening access to referral pathways between diverse community-based services (such as services for immigrants and refugees, individuals with disabilities, and individuals experiencing housing precarity) and specialized GBV services and health services.

- Provincial and national strategies should address potential barriers to accessing services (including lack of information and the spread of misinformation) and support preparations for increased intake as physical distancing measures are lifted.

- Crisis lines should be set up to provide crisis intervention, support, and referrals for individuals at risk of harming intimate partners and children. These lines should be accessible in multiple languages.

- Support for health care workers should include protections from sexual harassment and violence, as well as subsidies for childcare in order to promote child safety and well-being.[30] Economic relief provided by subsidies may also support the emotional and psychological well-being of parents.

3. Support the diverse circumstances of individuals by ensuring that localized services and safety nets can meet the increased needs and demands within the community.

- Stimulus packages for individuals and businesses ensures a degree of economic safety for some; however, many will also depend on the support of local services that can specialize in responding to distinct needs. Providing sustained, robust funding for these programs is therefore crucial to preventing individuals from "slipping through the cracks."

- Of particular importance is the need to expand shelters and transition houses, in addition to ensuring accessible, safe, and affordable housing for survivors. Recommended policy actions include:

  - Expanding eligibility for subsidized housing and access to housing services.

  - Expanding services to include additional benefits (e.g. waiving of application fees, move-in costs).

  - Alternative care arrangements for children at risk of maltreatment, abuse, and harm.

  - Increased funding for organizations providing emergency services.[31] Additional funds may be needed for:

    - Temporarily acquiring additional shelter space to ensure physical/ social distancing.

    - Arranging safe transportation from rural and remote areas to shelters and services.

    - Providing equipment and technical support (including online support and training for text/online counselling and crisis intervention) to shelters, sexual assault centres, and settlement agencies experiencing increased service demand.

- Funding for support services should facilitate the flexibility for organizations to move funds where they are most needed. Decreased reporting requirements and allowing resources to be allocated away from prior contractual obligations can enable services to respond quickly and efficiently to the current situation.[32]

- Although shelters remain operational in Canada, representatives have expressed concern about the prevalent misconception that these services have been reduced due to social/physical distancing measures. Public messaging and media campaigns regarding COVID-19 should urgently dispel this misconception and provide information about how individuals in need of refuge may access these services.

- Employers and policymakers should implement additional protections for contract and subcontract workers who experience reduced income, termination, or non-renewal for challenging unsafe or exploitative work. Refusal to accept unsafe labour conditions and/or increased exposure to COVID-19 should not be treated as "voluntary," and workers should be entitled to the full range of available supports for lost income due to COVID-19 (e.g. Canadian Emergency Response Benefit).

4. Ensure that pandemic response teams reflect the diverse communities they serve.

- Strategies for addressing COVID-19 must be informed by a diversity of perspectives and lived experiences. Different perspectives—such as those from women, Black, Indigenous, 2SLGBTQ+, elderly, youth, and working class individuals, as well as those who have disabilities or live in rural communities—are essential for ensuring equitable and comprehensive pandemic response policies (as well as post-pandemic preparations).

- Policies and decision-making should prioritize strengths-based models that foster community, agency, and resourcefulness.[33] The use of technology to form virtual support networks, for instance, are essential for women to safely disclose, navigate, and/or escape an abusive situation.[34]

5. Integrate GBV into post-pandemic preparations and long-term strategies for future outbreaks.

- Disaster risk reduction and pandemic preparedness strategies should incorporate an intersectional lens. Such preparations ensure that all members of society are recognized not only as having unique needs but also unique skills and roles to play in the crisis response.[35]

- Employers should develop specific plans to carry out health and safety mandates—such as protecting workers from domestic violence—for future crises, including a resurgence of COVID-19. In terms of both resource allocation and implementation strategies, plans should account for the changing conditions of work during a crisis (e.g. the challenges of working at home, exposure to contagions and other health hazards for essential workers), as well as how a crisis impacts other aspects of workers' lives (e.g. school closures, illness of a family member, transit disruptions).[36]

- GBV services such as shelters and sexual assault centres possess critical insight into the needs of survivors and the pathways that lead to VAW/C. Their inclusion is essential at all levels of pandemic preparedness projects—municipal, regional, provincial/territorial, and federal. Additionally, designs for new shelters (i.e. communal living spaces) should draw upon their experience and insight from this pandemic.

- Pre-positioning of commodities and sustained funding of social services will be needed in order to manage increased demands for services.[37] Past disaster research has shown that waves of sexual violence reporting, for instance, emerge only in the months and years after the initial crisis, once the situation has stabilized.[38]

A gender-based violence lens is essential to developing effective public health strategies during the COVID-19 pandemic. An intersectional lens will help to ensure that these strategies protect and empower all members of Canadian society. We stand in solidarity with all those calling for inclusive, humane, evidence-informed policies for overcoming the current pandemic and positioning Canada to better navigate future crises.

Please share this resource with your elected officials, public health officials, law enforcement, and community.

The Learning Network at the Centre for Research & Education on Violence Against Women & Children produced this resource in collaboration with the following organizations:

For individuals experiencing violence or distress, there are safe places to go and information you can access.

Shelters remain open if home is not safe, and support is available from emergency (911), health (811), and community services (211).

CONTACT US!

vawlearningnetwork.ca

vawln@uwo.ca

twitter.com/learntoendabuse

facebook.com/TheLearningNetwork

ENDNOTES

1   Peterman, A., Potts., A., O'Donnell, M., Thompson, K., Nyati, S. Oertelt-Prigione, S., & van Gender, N. (2020). *Pandemics and violence against women and children: Working paper 528*. Centre for Global Development. Retrieved from https://www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf

2   Peterman et al. 2020, p. 18.

3   World Health Organization. (2006). Intimate partner violence and alcohol. Retrieved from https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/prevention-resource-centre/women/who-facts-on-alcohol-violence-intimate-partner-violence-alcohol.html

4   Klein, A. (2012). *Preventing and Responding to Sexual Violence in Disasters: A planning guide for prevention and rescue.* Louisiana Foundation Against Sexual Assault (LaFASA) & National Sexual Violence Resource Center (NSVRC). Retrieved from https://www.nsvrc.org/sites/default/files/2012-04/Publications_NSVRC_Guides_Sexual-Violence-in-Disasters_A-planning-guide-for-prevention-and-response_0.pdf

5   Pringle, J. (2020, April 20). Ottawa Hospital encourages survivors of sexual assault, partner violence to seek ER treatment during pandemic. *CTV News*. Retrieved from https://ottawa.ctvnews.ca/ottawa-hospital-encourages-survivors-of-sexual-assault-partner-violence-to-seek-er-treatment-during-pandemic-1.4903698

6   Mosleh, O. (2020, April 1). Children's Aid Society cancelled face-to-face meetings. These parents worry they won't see their kids for months. *Toronto Star*. Retrieved from https://www.thestar.com/news/canada/2020/04/01/childrens-aid-society-cancelled-face-to-face-meetings-these-parents-worry-they-wont-see-their-kids-for-months.html

7   Robertson, A., Prescord, C., Brooks, D., Ngenzebuhoro, F., Garwe, F., Dias, K., Bebremikael, L., Walker, L. G., Gebreyesus, P., Ahmed, S., Atungo, S., & Obiorah, S. (2020, April 2). Statement from Black Health Leaders on COVID-19's impact on Black Communities in Ontario. *Alliance for Healthier Communities.* Retrieved from https://www.allianceon.org/news/Statement-Black-Health-Leaders-COVID-19s-impact-Black-Communities-Ontario

8   See, for example: Ontario Human Rights Commission. (2018). *Interrupted childhoods: Over-representation of Indigenous and Black children in Ontario*. Retrieve from http://www.ohrc.on.ca/en/interrupted-childhoods; Palmater, P. (2020, March 25). Canada is ignoring the gendered impacts of COVID-19 on Indigenous women. *Canadian Dimension*. Retrieved from https://canadiandimension.com/articles/view/canada-ignoring-gendered-impacts-of-covid-19-on-indigenous-women

9   Mosleh, 2020.

10   Leung, C. (2004). *Yellow peril revisited: Impact of SARS on the Chinese and Southeast Asian Canadian Communities*. Toronto Chinese-Canadian National Council. Retrieved from https://www.academia.edu/919335/Yellow_peril_revisited_Impact_of_SARS_on_the_Chinese_and_Southeast_Asian_Canadian_communities; Heng, L. (2020, January 30). Chinese Canadians facing hate, racism for coronavirus outbreak—much like the SARS outbreak in 2003. *National Post*. Retrieved from https://nationalpost.com/news/chinese-canadians-facing-hate-racism-for-coronavirus-outbreak-much-like-the-sars-outbreak-in-2003

11   Reimer, W. (2020, April 14). Coronavirus: CUPE survey reveals anti-Asian racism toward Manitoba health-care workers. *Global News*. Retrieved from https://globalnews.ca/news/6816668/cupe-survey-anti-asian-racism-manitoba-coronavirus/

12   D'Entremount, Y. (2020, April 4). Victoria Park arrest was example of increased surveillance of Black people, says Dal prof. *Halifax Examiner*. Retrieved from https://www.halifaxexaminer.ca/featured/victoria-park-arrest-was-example-of-increased-surveillance-of-black-people-during-covid-19-says-dal-prof/

13   Bielski, Z. (2020, March 23). Self isolation directives increase risk for women facing domestic violence, experts warn. *The Globe and Mail*. Retrieved from https://www.theglobeandmail.com/canada/article-self-isolation-directives-increase-risk-for-women-facing-domestic/; Peterman et al., 2020, p. 22.

14   National Domestic Violence Hotline. (n.d.) LGBTQ relationship violence. National Domestic Violence Hotline. Retrieved from https://www.thehotline.org/is-this-abuse/lgbt-abuse/; National Domestic Violence Hotline. (2017, August 15). Tactics of abuse that may affect sex workers. National Domestic Violence Hotline. Retrieved https://www.thehotline.org/2017/08/15/safety-planning-with-sex-workers/

15   Peterman et al., 2020, p. 25.

16   Wright, T. (2020, May 10). Violence against Indigenous women during COVID-19 sparks calls for MMIWG plan. *The Canadian Press.* Retrieved from https://www.cbc.ca/news/canada/manitoba/violence-against-indigenous-women-action-plan-covid-19-mmiwg-1.5563528

17   Moyser, M. (2017). *Women and paid work*. Statistics Canada. P. 23. Retrieved from https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/14694-eng.htm

18   Scott, K. (2020, March 20). COVID-19 crisis response must address gender faultlines. Canadian Centre for Policy Alternatives. Retrieved from http://behindthenumbers.ca/2020/03/20/covid-19-crisis-response-must-address-gender-faultlines/

19   Peterman et al., 2020, p. 17.

20   Macdonald, D. (2020). COVID-19 and the Canadian workforce: Reforming EI to protect more workers. Canadian Centre for Policy Alternatives. Retrieved from https://www.policyalternatives.ca/publications/reports/covid-19-and-canadian-workforce

21   Paul, K. (2020, April 14). Amazon fires two employees who condemned treatment of warehouse workers. *The Guardian*. Retrieved from https://www.theguardian.com/technology/2020/apr/14/amazon-workers-fired-coronavirus-emily-cunningham-maren-costa

22   CBC Radio. (2020, April 3). Why the 'invisible workers' cleaning up COVID-19 need better labour protection. CBC Radio. Retrieved from https://www.cbc.ca/radio/thesundayedition/the-sunday-edition-for-april-5-2020-1.5518735/why-the-invisible-workers-cleaning-up-covid-19-need-better-labour-protection-1.5518747

23   See, e.g., the ways that COVID-19 has affected the experiences of:

Migrant care workers: Mosuela, C. (2020). Migrant care work in the time of pandemic. *Discover Society*. Retrieved from https://discoversociety.org/2020/04/19/migrant-care-work-in-the-time-of-pandemic/

Cleaners: (2020, April 3). Why the 'invisible workers' cleaning up COVID-19 need better labour protection. *CBC Radio*. Retrieved from https://www.cbc.ca/radio/thesundayedition/the-sunday-edition-for-april-5-2020-1.5518735/why-the-invisible-workers-cleaning-up-covid-19-need-better-labour-protection-1.5518747

Warehouse workers: Matsakis, L. (2020, April 4). Amazon workers describe the daily risks they face in the pandemic. *Wired*. Retrieved from https://www.wired.com/story/amazon-workers-pandemic-risks-own-words/

Sex workers: Wright, T. (2020, April 19). Sex workers say they have been left out of Canada's COVID-19 response. *CTV News*. Retrieved from https://www.ctvnews.ca/health/coronavirus/sex-workers-say-they-have-been-left-out-of-canada-s-covid-19-response-1.4902772

24   Hankivsky, O. & Kapilashrami, A. (2020). Beyond sex and gender analysis: An intersectional view of the COVID-19 pandemic outbreak. Melbourne School of Population and Global Health and Centre for Global Public

Health. Retrieved from https://mspgh.unimelb.edu.au/news-and-events/beyond-sex-and-gender-analysis-an-intersectional-view-of-the-covid-19-pandemic-outbreak-and-response

25   Nasser, S. (2020, April 17). Early sights suggest race matters when it comes to COVID-19 So why isn't Canada collecting race-based data? *Canadian Broadcasting Corporation*. Retrieved by https://www.cbc.ca/news/canada/toronto/race-coronavirus-canada-1.5536168

26   Robertson et al., (2020).

27   Tetley, A. (2020, April 13). Ontario must bring a health equity lens to new COVID-19 test technologies and data tools. *Alliance for Healthier Communities*. Retrieved from https://www.allianceon.org/news/Ontario-must-bring-health-equity-lens-new-COVID-19-test-technologies-and-data-tools

28   See, for instance: Ponic, P., Varcoe, C., & Smutylo, T. (2016). Trauma- (and violence-) informed approaches to supporting victims of violence: Policy and practice considerations. *Victims of Crime Research Digest*, No. 9. Retrieved from https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd9-rr9/p2.html; World Health Organization (WHO). (2016). *Ethical and safety recommendations for intervention research on violence against women: Building on lessons from the WHO publication putting women first: Ethical and safety recommendations for research on domestic violence against women*. Geneva: World Health Organization. Retrieved from https://www.who.int/reproductivehealth/publications/violence/intervention-research-vaw/en/

29   Peterman et al., 2020.

30   Peterman et al., 2020.

31   Peterman et al., 2020, p. 21. The authors cite Canada's own $82-billion aid package (which contains $50 million in funding for GBV shelters and sexual assault centres) as a positive example of such a policy.

32   Peterman, et al., 2020, p. 23.

33   Hankivsky & Kapilashrami, 2020.

34   Peterman et al., 2020, p. 19.

35   Peterman et al., 2020, p. 22.

36   DV@Work Network. (2020). Briefing 1: What can employers and companies do during the COVID-19 crisis? Retrieved from http://dvatworknet.org/sites/dvatworknet.org/files/dvatworknet-brief1.pdf

37   Peterman et al., 2020, p. 22

38   Klein, 2012.