Gender-Based Violence and the COVID-19 Pandemic: Risk Factors and Systemic Challenges

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Introduction

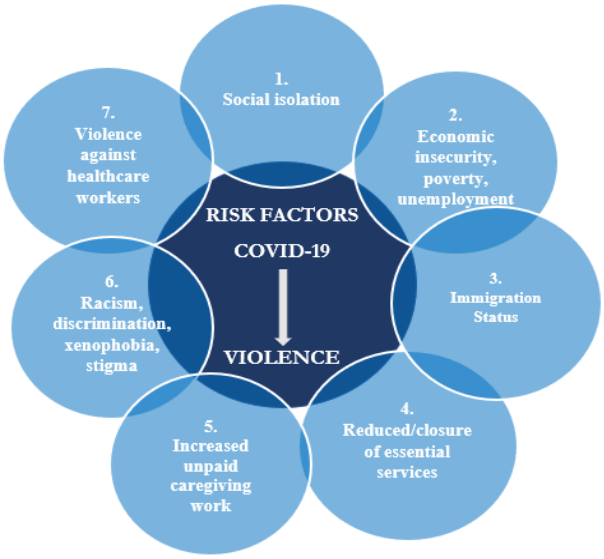
The United Nations reports that 1 in 3 women in the world have experienced physical or sexual violence at some point in their lives, and almost 6 out of 10 women who have been intentionally killed, have been murdered by an intimate partner or other family member (UN Women, 2020c). To make things worse, gender-based violence has further increased during the current COVID-19 pandemic, and numbers of victims around the world have alarmingly increased, creating a de facto "shadow pandemic" (UN Women, 2020e). This gender-based pandemic disproportionately affects racialized women and girls.

GBV refers to violence that is perpetrated against individuals based on their gender identity, gender expression or perceived gender (Status of Women Canada, 2020). GBV is **a human rights violation** and may include rape, domestic violence, dating violence, sexual assault and harassment, trafficking of women and girls and sexual abuse of children.

Efforts to advocate for GBV to be recognized as a **public health issue** are of special relevance in the context of the current COVID-19 pandemic. GBV has deep effects on the survivors, at times spanning generations.

Severe **health** and **mental health** effects of violence:

- Physical trauma- injuries: musculoskeletal, soft tissue, genital trauma
- Psychological trauma/stress: mental health problems – post traumatic stress disorders, anxiety, depression, eating disorders, suicidality; and substance use
- Power and Control: reduced sexual and reproductive control (lack of contraception, unsafe sex), lack of autonomy, difficulties seeking care and services (WHO et al., 2013).



Our study

Our project's overall goal is to advance trauma-informed ***mental health care*** for ***racialized women*** and ***girls*** at risk of GBV during the COVID-19 pandemic. Our objectives are to review the literature to:

- Understand the social determinants of mental health among racialized women and girls exposed to GBV during the COVID-19 pandemic,
- Identify emerging promising practices for detection, referral, and service provision for equity informed mental health promotion and care

In this Information Sheet we provide some of our preliminary findings and recommendations based on our literature review.

MENTAL HEALTH

Victims of violence against women face ***increasing anxiety*** due to intersecting issues including finances, safety, childcare, and anxiety related to the COVID-19 pandemic (WomanAct, 2020).

COVID-19 and violence against women

There **are structural and systemic** factors that explain how the context of the COVID-19 pandemic interrelates to violence against women and girls (O'Donnell, Peterman, & Potts, 2020):

- **Poverty**, [under]unemployment, informal precarious work, and overall financial challenges result in increased household stress, and higher rates of exploitative, transactional sex, among girls
- **Immigration status** increased vulnerability of non-status women and women with precarious status to GBV
- **Social isolation** resulting from social distancing measures, movement restrictions, and reduced protection systems, along with stressful conditions e.g. crowded housing, increase face-to-face exposure to perpetrator
- Increased **unpaid caregiving work** is done by women and girls, taking care of COVID-related sick family members, children who are at home due to school closures, all of this disproportionally impact women
- Reduced and/or **closure of services** affect availability and access to first respondents, closure of essential support services for survivors e.g. legal, social and mental health supports
- Violence against **health care workers** has increased, worldwide 70% of the labour force in the sector are women
- ***Racism***, discrimination and stigma against Indigenous, Black, Asian, Latino and other communities contribute to barriers in accessing health and mental health care for racialized women

Another risk for **teenage girls** from COVID-19, due to quarantine and social isolation, is the increased time spent on the internet – internet use has increased between 50% and 70% (UN Women, 2020a). The internet is a large source of sex trafficking, and sexual aggression including psychological dating violence; women and girls are also subject to online violence including physical threats, sexual harassment, zoombombing, stalking, and sex trolling.

How do COVID-19 prevention measures put women and girls at risk?

COVID-19 related prevention measures direct people to stay at home. However, **home for some women and girls is not a safe place to stay**. Social distancing may, for example, unintentionally increase the risk of violence for women and girls. Therefore, protection and safety of women and girls should be at the center of emergency measures put at place by governments.

During emergency crises, the needs for supports increase. Unfortunately, in the current COVID-19 emergency the health and social systems are overwhelmed. From past health emergencies, we have learned that girls and women experience **limited access to essential services** due to, for example, closure, defunding, and diversion of funding for essential services they need.

Who are the most at risk?

We know that **racialized** members of society bear a disproportionate burden of stress and health inequities. Alarming rates of COVID-19 infections and deaths amongst Black, Latino and Asian populations have been reported. Economic barriers, inequitable access to transportation and medical care or health advice, precarious unstable jobs and working conditions, quality of housing, social isolation, are among the factors putting racialized populations most at risk. Additionally, racialized women and girls with GBV experiences may also face **racism, discrimination and stigma**, which contribute to barriers in accessing health and mental health care.

Other vulnerable population include women with **precarious migration status**, **displaced**, **migrants**, **refugees**, and individuals living in conflict-affected areas, older women and women **with disabilities**. They are particularly **at risk of violence** and are likely to be disproportionately affected by violence during COVID-19 (WHO, 2020).

Factors that contribute to increased risks and vulnerabilities for immigrants include stress associated with migration, change in social networks and supports, change in gender roles and responsibilities, and economic insecurity (CREVAWC, 2020). Women with precarious status are also excluded from government relief programs because access to such programs are dependent on legal residency status (Rezaee, 2020). Immigrant and refugee women and girls may face specific barriers to reporting GBV and seeking help including:

- ✓ Fear of loss of children due to deportation
- ✓ Limited knowledge about their rights, and services available
- ✓ Discrimination and racism

I am a service provider: How can I help women and girls?

APPLY a ***survivor-centred approach***

- ***Respect*** the survivor's choices, wishes, rights and dignity.
- The ***Safety*** of the survivor is the number one priority.
- ***Confidentiality:*** Maintaining confidentiality means not sharing any information with anyone.
- ***Non-discrimination***: providing equal and fair treatment to anyone in need of support (IASC, 2015)

BE AWARE of existing local ***services*** - hotlines, shelters, rape crisis centres, counselling. Find out contact details, opening hours, and whether these services are offered remotely. Follow the referral pathway to inform the survivor about available services and refer if given permission by the survivor.

LISTEN to ***women and girls' suggestions*** and explore options and choices. REMEMBER that their needs may be different from others based on their racialized status, socioeconomic status, dis(ability), sexual orientation, among others. The Centre for violence against women (CREVAWC, 2020) recommends you to read this Brief on CREATING **SAFETY PLANS** with vulnerable populations: http://cdhpi.ca/creating-safety-plans-vulnerable-populations-reduce-risk-repeated-violence-and-domestic-homicide

GBV Tools and Resources for Front-Line Workers*

- The **Ontario Council of Agencies Serving Immigrants** (OCASI) offers online courses/training about gender-based violence, sexual violence, and the relationship between family violence and refugee and immigration law. Available at no cost at www.learnatwork.ca
- The **Neighbours, Friends and Families** campaign provides a collection of online resources – e.g. link to fact sheets, tools for safety planning, and research reports, information about immigration and refugee law, for more information visit: http://immigrantandrefugeenff.ca/resources-list
- The **Ontario Association of Interval and Transition Houses** (OAITH) provides free online courses for people who support, advocate for, or provide services, see details at: https://www.oaith.ca/train/training

*To learn more see: "**A Future without Gender-Based Violence: Building Newcomers' Resilience through Community Education**. A toolkit for service providers. Available at OCASI: https://ocasi.org/sites/default/files/ocasi-gbv-toolkit-english-online.pdf

Recommendations

- **Universal health coverage**. International organizations have made calls to ensure that individuals from any age, nationality, legal status, physical and mental health capacities, socioeconomic background, and sexual orientation have access to GBV services. This regardless of their employment or migrations status

- **Financial relief measures**. Community organizations serving immigrant communities call for the fully inclusion of women and girls with precarious status in all COVID-19 financial relief measures

- **Funding**. Increase dedicated funding to provide supports for women and girls experiencing violence. Increase funding - a focused funding stream to tackle GBV - for agencies serving immigrant women as one of the high risk populations.

- **Strengthen services for women and girls**. It is important to promote the rights of marginalized groups within racialized communities to provide supports according to their specific needs:
  - ✓ Expand shelter capacity
  - ✓ Strengthen helplines, online counselling and technology-based solutions, taking into consideration that not all women and girls have access to technology
  - ✓ Increase access to mental health supports in communities at greater risks.

- **Trauma and Violence Informed approaches**. Apply holistic survivor-centred principles and trauma and violence-informed supports to service provision.

- **Promote community engagement**. Invite key actors including religious, faith-based and indigenous spiritual leaders, local women and youth leaders, who may be instrumental in early warnings and alerting groups, to educate and raise awareness.

Selected References:

World Health Organization (WHO). (2020). Q&A: Violence against women during COVID-19. Retrieve from http://www.emro.who.int/fr/violence-injuries-disabilities/violence-news/qaa-violence-against-women-during-covid-19.html

ABOUT THE INFORMATION SHEET

This information sheet is part of a series of information sheets produced at our Office. It provides some of the key findings from our Knowledge Synthesis review titled "*COVID-19 Pandemic Guidelines for Mental Health Support of Racialized Women at Risk of Gender-Based Violence*".

WOMEN'S HEALTH RESEARCH CHAIR IN MENTAL HEALTH

The Office of Women's Health Research Chair in Mental Health is part of the Faculty of the Health at York University. We are interested in studying social factors that affect the mental health and wellbeing of women, youth, and children. To learn more about other projects conducted at this Office, please visit http://nkhanlou.info.yorku.ca/research/community-based/. Twitter: https://twitter.com/YorkUOWHC

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