



A CASE STUDY ON PANDEMICS PERIOD VIOLENCE AGAINST WOMEN

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ABSTRACT

Times of economic uncertainty, civil unrest, and disaster are linked to a myriad of risk factors for increased violence against women (VAW). Pandemics are no exception. In fact, the regional or global nature, associated fear and uncertainty associated with pandemics provide an enabling environment that may exacerbate or spark diverse forms of violence. Understanding mechanisms underlying these dynamics are important for crafting policy and program responses to mitigate adverse effects. Based on existing published and grey literature, we document nine main (direct and indirect) pathways linking pandemics and VAW, through effects of (on): economic insecurity and poverty-related stress, quarantines and social isolation, disaster and conflict-related unrest and instability, exposure to exploitative relationships due to changing demographics, reduced health service availability and access to first responders, inability of women to temporarily escape abusive partners, virus-specific sources of violence, exposure to violence and coercion in response efforts, and violence perpetrated against health care workers. We also suggest additional pathways with limited or anecdotal evidence likely to affect smaller subgroups.

Key words: Pandemics, public health emergencies, violence against women, COVID-19

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1. INTRODUCTION

Crisis and times of unrest have been linked to increased interpersonal violence, including incidence of violence against women and children (VAW) (Fraser, 2020; Palermo and Peterman, 2011). Pandemics are no exception. In fact, the regional or global nature and associated fear and uncertainty of pandemics provide an enabling environment that may exacerbate or spark diverse forms of VAW. While rigorous studies estimating increases in reporting of VAW during or post-pandemic are scarce, media reports and anecdotal evidence are widespread. For example, when the Ebola outbreak hit West Africa, an “epidemic” of “rape,

sexual assault and violence against women and girls” was reported to have been largely undocumented as collateral damage (Yasmin, 2016). In the current novel coronavirus outbreak (COVID-19), as of mid-March 2020, there are already reports from Australia, Brazil, China and the United States suggesting an increase in VAW. In China’s Jianli County (central Hubei province), the police station reported receiving 162 reports of intimate partner violence (IPV) in February—which was three times the number reported in February 2019 (Wanqing, 2020). According to Wan Fei, the founder of an IPV non-profit, “90 percent of the cases of violence are related to the COVID-19 epidemic.” In the United States, the National Domestic Violence hotline issued a statement in early March 2020 on “Staying Safe” during COVID-19, including anecdotal evidence of how perpetrators were using the virus as a scare tactic to threaten or isolate victims, and urging those at risk to make a safety plan, practice self-care and reach out for help (National Domestic Violence Hotline, 2020). In Australia, a survey of 400 frontline workers indicated that 40 percent reported an increase in “pleas for help” and 70 percent indicated an increase in complexity of cases (Lattouf, 2020).

While all pandemics are unique in their level of transmission and breadth of impact, the severity and recent policy attention to the COVID-19 pandemic, which has affected nearly every country globally, offers an opportunity to revisit the literature linking pandemics to VAW. While VAW comprises a wide range of distinct violence typologies, for the purpose of this paper, we focus primarily on interpersonal violence, including IPV, sexual violence and exploitation (including violence experienced by adolescent girls), and violence against children (including violent discipline, abuse and maltreatment). Though evidence directly examining these linkages is scarce, a broader body of related literature can, in the short term, provide an evidence-informed understanding of mechanisms linking pandemics to VAW. In this rapid review, we draw on learning from infectious disease epidemics that rose to become regional crises (Ebola, Zika), as well as those designated global pandemics (HIV/AIDS, H1N1), to draw from available learning around large-scale outbreaks and VAW in various contexts. An understanding of these mechanisms can inform policy and program responses to mitigate against increases in violence as part of pandemic preparedness, as well as during and in the aftermath of the pandemic. Finally, in reviewing the literature, we identify research gaps and opportunities in both understanding the issue, as well as crafting successful responses. Laying out these research gaps during early stages of a pandemic is useful, as it may elucidate opportunities to fill them within ongoing studies or with quick investments in new, targeted research.

Why focus on VAW, rather than general crime or conflict during a pandemic? Several reasons. First, VAW is widespread across the globe, and thus there is almost certain likelihood of pandemics interacting with vulnerable populations affected by VAW. The best available evidence suggests that globally, one in three women of reproductive age have experienced physical and/or sexual IPV in their lifetime, and more than a third of female homicides are committed by an intimate partner (Devries et al., 2013a; Stockl et al., 2013). VAW is also widespread globally with half of children aged two to 17—the equivalent of one billion children—experiencing past-year emotional, physical or sexual violence from a range of perpetrators (Devries et al., 2018; Hillis et al., 2016). Second, VAW is underreported to police and authorities due to shame, stigma, and fear of repercussions, among other reasons. One result of this underreporting is that we have a limited understanding of how VAW responds to pandemics—in contrast to other types of violence and criminal activity where data is more readily available (Palermo et al., 2014; Pereira et al., 2020; Palermo and Peterman, 2011). Shining a light on these gaps in knowledge is a first step in obtaining better information and evidence. In addition, VAW can have particularly severe adverse consequences, with wide-ranging psychological, economic and physical effects for women and children over their lifetimes. Finally, although specific definitions of what constitutes VAW varies, there is broad

consensus that unequal gender relations and patriarchal norms are important causes, and these have potential to further magnify and modify risk and protective factors during times of crisis (Heise and Kotsadam, 2015; Gibbs et al., 2020). These considerations motivate an in-depth investigation into both linkages and potential policy responses.

While the global pandemic of VAW is silent, pandemics due to novel diseases are garnering more attention. For the purposes of this review, we are defining a pandemic as “an epidemic occurring over a very wide area, crossing international boundaries, and usually affecting a large number of people (Porta 2014).” Pandemics are identified by their geographic scale and reach (and when most people do not have immunity), rather than the severity of illness (WHO, 2010). Over the last 50 years, different parts of the world have seen at least 10 different disease outbreaks, from Marburg in 1967 to Ebola in 1976 to Middle East Respiratory Syndrome (MERS) in 2012, with some, such as Ebola resurfacing multiple times (Ross, Crowe and Tyndall, 2015). Nearly 75 percent of emerging diseases, including those driving most pandemics, originate in animals and are transmitted to humans (referred to as zoonotic diseases) (Jones et al., 2008). Given the increasing rate of growth and interconnectedness of the global population and the resulting consumption and infringement on the environment, experts predict that zoonotic diseases and outbreaks will continue to surface. The dynamics of pandemic outbreaks require effective engagement, coordination and cooperation among a wide range of sectors and actors, including not only public health agencies focused on human and animal health, but also, critically, social and environmental sciences. For example, “One Health” is an interdisciplinary collaborative effort led by the United States Center for Disease Control (CDC) with the goal of optimal health for people, animals, and environment (PREDICT Consortium, 2016). There have been some efforts to integrate gender, violence and risk analyses into the One Health approach, however lack of global coordination and implementation (to name a few) has resulted in uneven uptake. Strategies and policy guidelines developed by large global institutions have only minimally included short- and long-term effects of pandemic outbreaks and how they may impact women and men differently (Harman, 2016). This gap is particularly apparent when examining issues of VAW, both in and outside of the home. Lessons learned from previous epidemics have clearly illustrated the need to have a gender responsive, inclusive, and intersectional approach.

Based on existing published and grey literature, we document nine (direct and indirect) pathways linking pandemics and VAW, through effects of (on): (1) *economic insecurity and poverty-related stress*, (2) *quarantines and social isolation*, (3) *disaster and conflict-related unrest and instability*, (4) *exposure to exploitative relationships due to changing demographics*, (5) *reduced health service availability and access to first responders*, (6) *inability of women to temporarily escape abusive partners*, (7) *virus-specific sources of violence*, (8) *exposure to violence and coercion in response efforts*, and (9) *violence perpetrated against health care workers*. In addition, we explore several other potential pathways which are likely to affect smaller groups of the population or are supported by anecdotal information. In providing a holistic view of potential mechanisms and dynamics, we aim to shine light on mechanisms and factors which may be more prevalent in resource-poor settings, areas with non-independent media or where advocacy and civil society is restricted. In addition, while we aim to draw distinctions between mechanisms in each pathway, we acknowledge that many are interlinked and interact. We propose eight policy and program responses which can be tailored to national and local settings to address some of these factors and mitigate against increases in VAW pre-, mid-, and post-pandemic. Finally, we propose three groups of priority research questions to guide a research agenda going forward linking diverse pandemics to VAW: (1) *understand the magnitude of the problem*, (2) *elucidate mechanisms and linkages with other social and economic factors*, and (3) *inform intervention and response options*. We hope this paper can be used both by researchers, practitioners and policymakers to help inform further evidence

generation and policy action while situating VAW/C within the broader need for intersectoral gender and feminist informed pandemic response (Wenham, Smith, and Morgan, 2020).

2. DEFINING A RESEARCH AGENDA

Based on the existing literature and evidence gaps, we propose three areas of research which could better inform VAW mitigation in the current COVID-19 pandemic, as well as future pandemics: (1) *understand the magnitude of the problem*, (2) *elucidate mechanisms and linkages with other social and economic factors*, and (3) *inform intervention and response options*. We briefly summarize each of these, in the hope that researchers and implementers can capitalize on inter-disciplinary expertise, data availability (including ongoing studies and availability of open access administrative data) and funding opportunities to advance the knowledge frontier. Participatory research methods that emphasize power-sharing in the knowledge creation process are important, and relevant, to all of the proposed research areas below, as well as taking an intersectional approach to research and data collection (Equality Challenge Unit, 2017).

3. UNDERSTANDING THE MAGNITUDE OF THE PROBLEM

A basic question, which we still do not know is: *How big is the problem?* While rates of potential increases (decreases) are likely to vary by nature of the pandemic and specific location—additional evidence could help in decisions of how to allocate resources and raise awareness of dynamics. An important part of better understanding dynamics will be understanding how different types of violence respond, for example: (1) *Do rates of IPV increase more (less) as compared to rates of violence against children, sexual exploitation and other types of VAW*. In addition, given high levels of pre-pandemic poly-victimization faced by vulnerable populations, we might be interested in knowing: (2) *Does the composition of violence experienced shift for individuals or populations during a pandemic?* Based on our review, we hypothesize that VAW will increase during and post-pandemic (rather than decrease), however there could be circumstances or sub-groups for which typologies of violence could decrease. For example, if children are not going to school, prevalence of violent discipline perpetrated by teachers and bullying from peers may decrease, while prevalence of violence from family members increases. Likewise, if women are not going to work, prevalence of workplace harassment may decrease, while IPV may increase (MacGregor et al., 2019). Importantly for equality concerns, we might also be interested to know: (3) *What populations are most at risk for increases in violence, and do these map to existing vulnerabilities along economic or social inequalities (including sex, age, race, economic status, among others)*.

The empirical challenge for this stream of research is two-fold. First, simply showing population-based changes in VAW rates before, during and after a pandemic does not necessarily imply the pandemic was responsible for these changes (i.e., a direct causal relationship). This is because rates could be trending upward or downward even in the absence of the pandemic. Therefore, to develop more reliable estimates, researchers will need to identify pre- and post-pandemic trends (e.g., interrupted time series approaches or regression discontinuity approaches), and/or use the intensity of pandemic across time and geographies to isolate unbiased estimates. In many settings, this will be challenging, due to the inability of frequently collected VAW data, particularly in LMICs. Therefore, in lieu of population-based or administrative data, another opportunity may be to use ongoing panel surveys of selected samples to estimate these linkages. A second challenge is the reliability of VAW data. We know from existing studies that data captured within surveys and within administrative data to formal sources is a fraction of the true burden of violence. A cross country study using 28 LMICs estimates that prevalence of gender-based violence among women aged 15 to 49 based on health

systems, police reports or social services may underestimate the total prevalence ranging from 11- to 128-fold, depending on region and reporting source (Palermo et al., 2014). These underreporting issues are magnified in conflict and disasters due to break down of administrative data collection and basic services or freezes on household data collection (Palermo and Peterman, 2011). Therefore, data collection and analysis will need to carefully consider if experience of pandemics also increases or decreases disclosure rates, and how this will change interpretation or limitations placed around results.

4. ELUCIDATE MECHANISMS AND LINKAGES WITH OTHER SOCIAL AND ECONOMIC FACTORS

A second group of research questions relates to better understanding potential mechanisms, as well as how VAW relates to broader social and economic dynamics during a pandemic. While review of operational research and documentation can inform these questions, a key methodology is likely to be ethnographic and qualitative research which can be rolled out within a shorter timeline than large quantitative data collection. Some stories may already be collected or available in public press. For example, the French newspaper ‘Le Monde’ recently released a call for testimonials of up to 1500 words on the experience of ‘marriage under quarantine’ (“*Parfaite lune de miel ou guerre des tranchées? Is it a honeymoon or trench warfare?*”). These types of stories, although selective, are likely to help raise the public awareness of how pandemics may affect VAW, as well as link to broader social and economic dynamics, including marital dissolution and changes in family demographics and circumstances.

However, more dedicated ethnographic and qualitative work can help test specific hypotheses for proposed mechanisms, as well as understand how women, men and children with specific characteristics respond to pandemics. For example: (1) *What evidence of diverse pathways appear important for different populations in linking direct and indirect effects of pandemics to VAW?* Further, (2) *Are there additional pathways which do not fall into the categories identified in this review?* In addition, we might be interested in better being able to predict responses based on the nature of a pandemic (including morbidity and mortality rates, how it is transmitted, among others).

Therefore, we could ask: (3) *What unique characteristics of specific pandemics may be important considerations for beginning to group or better hypothesize the nature of pathways and VAW experiences?* Finally, focus groups and other community-based data collection approaches may help understand how social norms and collective behavior underlay these dynamics. In particular: (4) *How might social norms and collective behaviors matter for pathways and mitigation of VAW experiences?*

Taken together, a better understanding of mechanisms can help the global community understand both typologies of interventions which may be promising to pilot or scale, as well as how the relevancy of interventions may vary across geographies and populations. This work may also help understand the linkages between VAW and other important intersectoral social dimensions of pandemics, including impacts on health and education sectors. For example, as discussed earlier, in the Ebola crisis, school age girls who became pregnant during the outbreak were 16 pp less likely to return to school (at that time Sierra Leone’s Ministry of Education prohibited visibly pregnant girls from re-enrolling in school) (Bandiera et al., 2018). System linkages can help identify where a systems or co-financing approach to intervention will maximize efficiency and resources.

5. INFORM INTERVENTION AND RESPONSE OPTIONS

The third area of research involves identifying innovative and effective response options to pandemics. Traditionally, these studies use quasi-experimental or experimental quantitative methods to understand if a particular policy or program delivery either pre-, mid- or post-pandemic can directly lead to beneficial changes for participants (in this case reductions in VAW). Traditional “gold standard” social science methodologies include experimental randomized control trials—however these types of studies may be harder in emergency and pandemic settings. Part of this is due to the need for rapid roll out of interventions, as well as ethical considerations around delaying or withholding treatment to the control group—if it is already known that the intervention will result in benefits. However, a body of literature has shown that rigorous impact evaluation is possible in such settings, for example, leveraging natural exogenous variation in policies or programs, or by using ongoing trials to collect data on exposure and experience with the particular pandemic. An evaluation of the Empowerment and Livelihoods for Adolescents program in Sierra Leone underway when the Ebola crisis hit was able to use quasi-random across village variation in the severity of the outbreak to examine the effects on subsequent wellbeing among young women and adolescent girls (Bandiera et al., 2018).

Based on the list of promising policy responses, some priority research questions are: (1) Are policies and programs (e.g., emergency cash transfers or unemployment insurance) effective in mitigating against increases in VAW? Further, (2): What is the value for money or cost-effectiveness in implementing successful approaches? In addition, timing and duration of interventions may matter for mitigation effects. As consequences of VAW may have long-term and multiple generational effects, we may also want to know: (3) How does the timing, duration and intensity of intervention affect short- medium- and long-term experience of VAW and future wellbeing? Examining these questions across LMICs, as well as contexts affected by conflict and/or natural disaster in addition to pandemics, will be important in crafting interventions that work for those living in more fragile contexts.

In answering these questions, new research efforts initiated during pandemics may need to employ innovative methods which allow data to be collected virtually, and there are resources testing and exploring diverse methods (Braun, Clark and Gray, 2017). In addition, as with all violence-related research, in particular primary data collection, this data must be collected with participant protection as a first priority (WHO, 2007; 2016b). The added layer of vulnerability within pandemics will magnify the need for extra precautions and safeguards to ensure that participants are not exposed to health-related risks while participating in research efforts, as outlined in new research ethics guidelines (PAHO, 2020). With these caveats in mind, we encourage researchers who are well poised to conduct additional studies, including those with ongoing trials to consider how small changes in study design or additional questions can inform the broader debate and inform future pandemic response. These responses may build off the evidence reviewed in this paper or identify additional interesting and relevant questions. We also encourage donors and research organizations to identify ways they can augment existing research programs, grants or open new funding windows to accommodate rapid pivots in research efforts and stimulate further innovation.

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