

PANDEMICS AND DOMESTIC VIOLENCE DURING COVID-19

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Abstract

The year 2020 met us with the COVID-19 pandemic. The covid-19 pandemic has gone past a mere health challenge. Its effect can be felt in the economy and society in general. Women form a large chunk of the response efforts geared at flattening the curve of the COVID-19 scourge. As the first point of contact, caregivers, medical personnel, volunteers, logistics facilitators, researchers and scientists and other professionals critical to the fight against the virus, women are making profound contributions in the fight against the spread of the outbreak. Most of the caregivers found in our homes and communities today are women. Furthermore, women stand a higher risk of infection and loss of their sources of livelihood, and as the outbreak continues to spread, there is all likelihood that they may not be able to access programs vital to their reproductive and sexual health. There is also a rise in cases of domestic violence against women in this crisis period. This study will be exploring a wide range of literature about pandemics that have happened in the past and previous public health emergencies and crisis, to enable it to ascertain patterns by which pandemics can further heighten the different kinds of violence against women. Evidence gathered from this study will be used to make recommendations to governments, civil society organizations, community-based agencies, and international donor agencies to help make women and children's health priority, keeping them safe and preparing them adequately for another possible pandemic.

Keywords: Pandemics, violence against women, intimate partner violence, COVID-19

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“We are in uncharted territories in terms of what survivors are going to experience.”

*Katie Ray-Jones, CEO of the US National Domestic Violence Hotline
speaking about COVID-19 (Bowerman, 2020)*

Introduction

As the COVID-19 pandemic continues to spread around the world, countries are taking extraordinary measures to ensure they win the battle against this novel disease. Many countries have instituted containment measures to restrict the movements of people in order to reduce the spread of infections from persons to persons. This situation has raised concerns in certain quarters as to the effect of this lockdown on women who are living in the same household with their abusers. Reports coming in from countries like China, France, Spain, Italy, Australia and the United States show increased cases of domestic violence, especially sexual violence and exploitation even within their own households³ (German Press Agency (DPA), 27 March 2020).

The risks of women staying at home with their abusers have in fact increased. This can be seen from the daily reports of more police interventions in cases of domestic violence and the fact that fewer calls have been made to helplines during this period. During the critical stages of the pandemic, when lockdown measures became very necessary, Marceline Naudi, President of the Council of Europe Group of Experts Violence⁴ (GREVIO), issued a statement, saying countries should adhere to the guidelines set by the Council of Europe Convention on Prevention and combating violence against Women – Istanbul Convention, even when there is an ongoing pandemic. GREVIO has made it a point of duty to remind all stakeholders such as law enforcement agencies, social services, the justice department, certain support services and all women welfare ministries to continue to give the necessary support to women and young girls who are at the risk of violence.

The Covid-19 scourge has made the job of the relevant welfare organizations, institutions to be more difficult because they themselves have been subjected to the various social distancing guidelines put together by the government, and this has added more pressure to the system. However, it has become more necessary than ever that the necessary support services continue to provide services to victims of domestic violence due to prevailing circumstances that have made it even more difficult or these women to seek and get help. Countries such as Italy, Spain, France

³ <https://www.deutschland.de/en/corona-virus-germany-overview>

⁴ Council of Europe’s expert group on violence against women visits Malta (Council of Europe, accessed March 30, 2020).

and Germany have encouraged the relevant authorities in their various countries to ensure that they rise to the occasion to help women at risk of violence and prevent their human rights from being trampled upon. It is on record that over 35% of women all over the world may have suffered from one form of sexual or physical violence caused by their marital partners or family members, even before the onset of the pandemic⁵. The lockdown and quarantine measures means women who have been victims of abuse may be forced to stay indoors with the people responsible for their abuse. Reports from April's quarantine measures in USA saw the police getting as many as three times the calls they got last year from folks reporting cases of domestic violence (Tolan, 2020). In such a situation, you can expect the limited resources available such as shelters for the victims of abuse, outreach programs, and case officers to be over-utilized, which means staff tightening measures will have to be put in place and priorities will surely shift. Women are soothing voices that promote peace and cohesion. It is a pity that when a crisis occurs they become ready targets.

From published literatures that we have been able to gather and document, we have found five major pathways, which may be direct, or indirect, connecting pandemics and violence against women. It is our sincere hope that researchers, policymakers and the relevant practitioners to garner more data generation, thereby instituting the needed policy action will use this study. This should, however, be done within the purview of gender-based and feminist-informed pandemic response.

Lockdown and “Intimate Terrorism”

When a crisis occurs in society, gender equality is one topic that seems to take the backseat. There is every tendency for this laudable goal to be regarded as secondary to any issue that may be taking the front burner. However, any emergency response put in place by the relevant authorities that fail to take into cognizance the gender nuances involved may just likely worsen the existing inequalities, thereby aggravating the outbreak. The global nature of every pandemic, the fear it creates and uncertainties involved, provide a thriving ground for violence against women to flourish. There might not be enough data or studies to back up the suspected increase in the reporting of Violence against Women during and after a pandemic, as Peterman et al. (2020), indicate media reports and circumstantial evidence are extensive. The Ebola outbreak in 2014, the Zika in 2015-16, SARS, the swine and bird flu, all created permeating and deep-rooted negative effects on gender equality while they lasted (Lewis, 2020). With COVID-19, the world is faced with an unprecedented crisis in decades. While issues

⁵ <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>

surrounding gender may be the least of people's problems right now, it should definitely not be waved off. When pandemics break out, issues surrounding gender are not side-lined; therefore, gender-sensitive responses can go a long way in determining how such outbreaks are addressed.

The COVID-19 pandemic provides an enabling ground for VAW to exacerbate. Since the beginning of the outbreak, data from relevant sources show increased reporting of violence against women, especially domestic violence. This is occasioned by the fact that money worries, security concerns and even health challenges can create tension in the home; Living in confined spaces brought about the lockdown may not help matters. By late March, more than half of the world's population was affected by the lockdown. The middle of the month of March saw increased cases of VAW from countries like Australia, Brazil, China and the United States. For instance, in Jianli County in central Hubei Province in China, the police are quoted to have received a stunning 162 cases of Intimate Partner Violence in February, three times the reported number in February of 2019 (Wanqing, 2020). Wan Fei, the founder of a non-profit that treats cases of IPV, says about 90% of the current reported cases are related to the COVID-19 pandemic (Mahdawi, 2020).

France has recorded a 30% increase in cases of domestic violence since the lockdown began in the country on March 17. Cyprus and Singapore are no different, as each country has recorded an increase of cases by 30% and 33% respectively. Domestic violence cases stand at 25% since the lockdown started (IMF, 2020). In countries like Canada, Germany, Spain and the United Kingdom, there have been more demands for emergency shelters, required by victims of domestic violence. A survey carried out among 400 frontline workers in Australia indicated a 40% increase in the number of calls made to helplines and about 70% of those cases were rather complex (Lattouf, 2020). In a statement issued out by the National Domestic Violence hotline in the United States in early March of 2020, it cited examples of how perpetrators of various forms of abuse were using the pandemic to scare their victims. It urged such victims to chart out a safety plan, take care of themselves and reach out for help to the relevant authorities (National Domestic Violence Hotline, 2020).

The lockdown has prevented many women from seeking help. This can be seen from the situation in Italy where a domestic violence helpline reported a 55% decrease in the number of calls it usually received, especially within the first two weeks of the lockdown measures in March. A similar situation was reported in France by a women's shelter network (Euroviews, 2020). These are tough times for women who cannot access the needed resources that can help them manage their situation or escape from their abusers entirely. There are many networks, organizations and institutions, ready to cater for women undergoing any form of abuse, such as women's rights networks, faith-based organizations, teachers, health

workers, and community development officers. The problem lies in the fact that women or young girls may not be able to reach these people or organizations at this time. Mobile phones, computers or other internet-enabled devices would have come to the rescue, but in many countries, a lot of discriminated women/girls may not have access to these resources and in cases where they do, these devices may be closely monitored by their abusers.

Even before COVID-19 disrupted our lives, domestic violence accounted for one of the greatest human rights violations. 2019 recorded about 243 million women and girls worldwide, aged 15-49, who may have been victims of sexual or physical violence by an intimate partner (WHO, 2019a). As the pandemic rages on, we are likely to see an increase in this number, which can have devastating effects on the mental, sexual and reproductive health, and the overall wellbeing of these women. This can severely hamper their ability to participate in the rebuilding of the economy and society.

There has been widespread under-reporting of all forms of VAW. This has made data gathering and effective response quite a herculean task. It is estimated that less than 40% of women who have been victims of violence seek help. Moreover, an even lesser percentage (10%), report their abusers to the police (Europol, 2020). The current goings-on make reporting even harder for these women/girls. Their access to phones, helplines, social and justice services have been minimal. This lack of access to essential services may have compromised the care and support that victims of abuse need, such as clinical management in the event of rape, mental health evaluation and support and psychosocial services. This can embolden their abusers. In many countries (Reynolds, 2020), the law can be gender biased against women. It is estimated that about 1 in 4 countries do not have laws protecting women against domestic violence.

The Pathways to Violence

The home can be a place of solace in these difficult times. However, for millions of women around the world, this is not the case. Cases of domestic violence are witnessing an upsurge due to the COVID-19 and the isolation it brings. Isolating their victims is a major tool of abusers, and now it has been handed to them on a platter of gold. Many of the victims are unable to run to family and friends for help due to a lack of finance, resulting in their trapped state. The shelters are unavailable to the COVID-19 and social distancing measures, which has taken its toll on the already overburdened system. Creating awareness and support for women is very critical at this time.

There is evidence that suggests an upsurge in the rate of domestic violence. There is a high risk of victims staying at home with their abusers. There is the low

protection afforded the victims which could have been possible if they were close to family, friends, neighbours or co-workers). Frontline responders from a host of countries such as the United States, France, Spain, Australia, Cyprus, Brazil, China and India have reported a significant increase in the number of calls made to domestic violence hotlines or to the police (Halim, 2020). While we may not have population-based estimates of the number of calls to such help lines before and after the lockdown, existing reports can serve as invaluable alternatives, which as in fact indicated an increase in the number of violence re-victimization even worldwide.

It is pertinent to state at this point that domestic violence happens even in homosexual as well as heterosexual relationships. Men and women against their partners of the same or opposite gender can also carry out violence. However, it is more common to find cases of domestic violence perpetrated by the men against women, and this form of violence is more gripping and its effect felt across generations.

Domestic violence, even in times of an emergency can be prevented. There are conditions that trigger men's perpetration of domestic violence against women. There exist conceptual programs that can be effective in preventing such triggers, and when achieved, domestic violence can be reduced. Such conditions and programs are stated herein. Young age, poverty, low education levels, are three interconnecting vulnerabilities that increase women's predispositions to violence-triggering conditions.

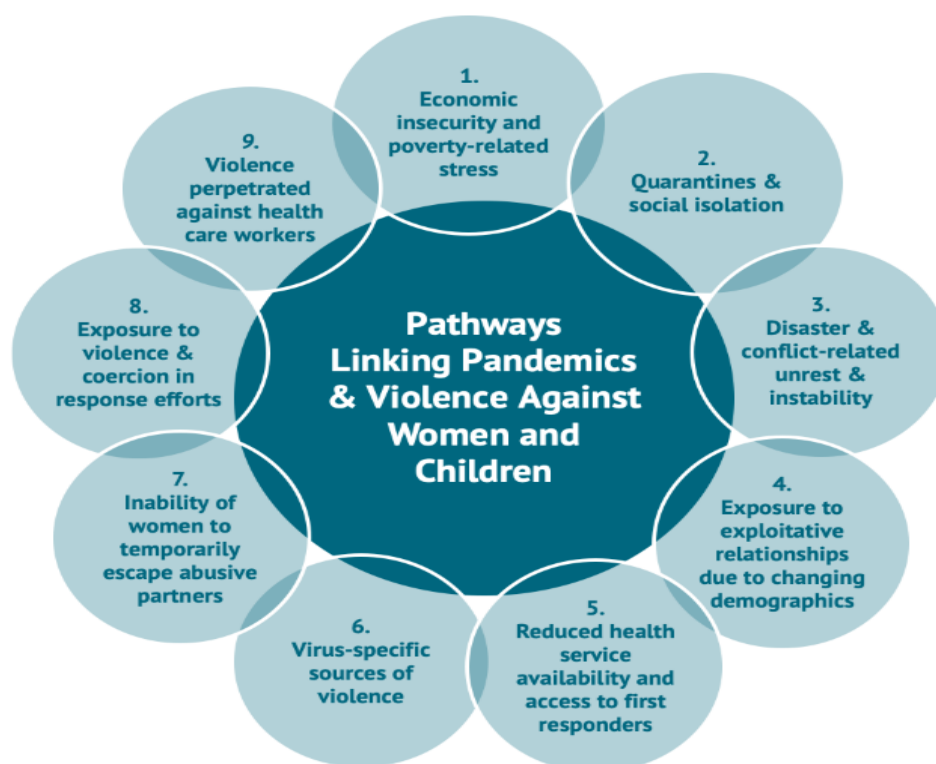
Firstly, COVID-19 has brought about an economic recession, which has precipitated a loss of the means of livelihood by both or either partners. This has left families in financial stress, resulting in the need for the rationing of life's essentials. This situation can heighten the risk of marital conflict, setting the stage for the perpetration of violence, especially by men. Again, for those employed in essential services this period, they stand the risk of exposure to the COVID-19 infection, which may be traumatic to both partners, triggering marital conflicts. Mental stress occasioned by a fixation on one's financial situation can result in the wrong course of action. There is also the fear of exposure to the disease. All these factors can make both partners liable to carry out violence. The patriarchal nature of our society makes men more vulnerable to be perpetrators of violence. The risk increases when these men hold conformist views on gender roles (the feeling of having failed to provide for his family, and standing the risk of losing his hold on his family), grow up in abusive homes, or engages in substance abuse (which can blur their judgement), compared to men with the same amount of susceptibility but who do not possess such qualities.

Secondly, when service-delivery institutions are disrupted (schools, day-care centers, restaurants, laundry services), there is a subsequent need for women to take up these roles, thereby increasing their workload, which can add to their stress level

and anxiety. The use of a substance can be resorted to, to enable them to cope, thereby increasing their vulnerability to domestic violence (re)victimization.

Thirdly, when couples stay at home for a long period, there may be amplification or switch up of more conventional gender roles and expectations even for the “perfect” couple. With women charged with taking care of the home among other domestic responsibilities, when things go wrong in the home, they are usually earmarked for blame. For couples who are homebound, there would be marital clashes here and there prompted by the fact that living within such close proximity will result in frequency of interaction using household space and resources.

Figure 1: Pandemic and Violence against Women



Pathways can be both direct & indirect, and are likely to interact, reinforcing existing vulnerabilities (inequalities). Pathways are not exhaustive & will depend on type of pandemic & contextual factors, including underlying gender norms & levels of VAW/C.

Source: Centre for Global Development, 2020.

There are nine steps⁶ of pandemics that COVID-19 can lead to or aggravate VAW:

⁶ This is a very rough estimation based on the current COVID-19 pandemic, and thus not necessarily applicable to all pandemics with different characteristics.

Economic Lack and Poverty-Induced Stress

There is a relation between poverty-induced stress or economic lack and a poor coping mechanism, which can lead to IPV. When there is an increase in the unemployment rate, VAW is more likely to witness a rise brought about by stress. We may not yet know the level of severity of the COVID-19 pandemic, but it is certain that many households will experience some financial blow, the largest coming from households that are already economically disadvantaged. The economic setbacks could be overwhelming such as in the case whereby there are reduced employment opportunities due to a reduced ability to work caused by the location or the low level of economic activities. A reduction in wages earned can be a contributing factor. Furthermore, due to an addition of extra domestic workload on them, women may find it hard seeking paid work (Wenham, Smith and Morgan, 2020). The overall economic impact of the pandemic cannot be overemphasized. In addition, a shift in economic power may occur between partners. VAW may increase or reduce when women become financially buoyant, depending on the men's reaction.

Quarantine and Social Isolation

Pandemics and other health emergencies have been known to result in negative mental behaviors in individuals, resulting in behaviors such as anxiety, suicidal tendencies, post-traumatic stress and depression. The quarantine, social isolation and restrictive measures that usually follow such pandemics can be possible contributing factors affecting the health of individuals concerned (Brand et al., 2013; Lau et al., 2005; Mak et al., 2009; Maunder et al., 2006; Reissman et al., 2006; Yeung and Fung, 2007, Wu et al., 2005). Although quarantine measures are usually short-term, the effects they leave on individuals are not, as they linger long after the pandemic. Such effects may include mental health challenges (depression, anxiety, suicidal tendencies), sleep deprivation, addiction to a substance, and behavioral problems in children (Brooks et al., 2020). Poor mental health, mental disorders and other related factors such as alcoholism, increases the risk of VAW, with their theorized effects shown during and post-quarantine (Capaldi et al., 2012; Devries et al., 2013b; Oram et al., 2014; Briones-Vozmediano et al., 2015; Holtmann and Rickards. 2018; Okeke-Ihejirika et al., 2018). Evidence gleaned from other crises such as in refugee camps, displaced person camps and other humanitarian areas, confirms that when family members stay together for long periods under certain difficult constraints, the rate of VAW can increase. With quarantine measures in place, victims can frequently see their abusers, in which the abusers can take advantage of these face-to-face interactions to further isolate their victims.

Disaster and Conflict-related Unrest and Instability

There have been significant increases in VAW cases when natural disasters such as earthquakes, cyclones, hurricanes, volcanic eruptions or wildfires occur. This can be seen from a study, which explored the impacts of the Haiti earthquake, which occurred in 2010. Two years after the earthquake, the study found out that women who resided in regions which witnessed more devastating effects of the earthquake experienced higher levels of physical and sexual IPV, with economic or social considerations as contributing factors (Lu, 2012; Weitzman and Behrman, 2016). When pandemics occur, there is a breakdown in social infrastructures. This can worsen the weak spots that already exist in conflict and disaster zones. When this happens, there is families are separated, intra-familial violence arises and women are exposed to conditions that are not conducive, including being exposed to sexual violence and harassment, especially when they try to get essential resources such as food, water and firewood (Castañeda Camey et al., 2020; Fraser, 2020; Bermudez et al. 2019; De Oliveira et al., 2019; First et al., 2017).

Exposure to Exploitative Relationships Due to Changing Demographics

When pandemics occur, there is an increased mortality rate and birth rate. This increases the risk of VAW within the family and gives rise to exploitative relationships against women and girls, especially those that economically disadvantaged (Battiste, 2020; Yang et al., 2020; Boberg-Fazlic et al., 2017; Chin and Wilson, 2017). As family structures, changes, alongside the closures of schools, and the financial strains that can follow, young girls are more likely to be exploited through transactional sex, leading to increased birth rate, which can increase VAW in the long run.

Decreased Availability of Health Services and Lack of Access to First Responders

For every woman out there suffering from any form of violence, healthcare providers and emergency first responders are always the first point of contact. They also provide short-term shelter for these women. With the attention of first responders geared toward tackling the pandemic, victims of violence may not be able to access the resources these responders provide except alternative provisions are made. The reduction in the services that healthcare services providers may also be due to a decrease in the services during pandemics. Circumstantial evidence from the COVID-19 pandemic goes ahead to show that many women are hesitant to seek help from healthcare providers due to their fear of contracting the virus.

Virus-specific Sources of Violence

When novel pandemic occurs or when victims of violence have little knowledge on the mode of transmission of the infection, their abusers may use such ignorance against them to gain control (NDMH, 2020). Furthermore, if a specific virus can be directly or indirectly transferred from one person to another, or even through aerosols, such as in the case of SARS, MERS, or COVID-19, abusers can withhold the necessary protective items (Casella et al., 2020; Peeri, 2020; Lai et al., 2020). The HIV/AIDS epidemic brought about violence due to the disclosure of victims status. The same can be seen from the Zika outbreak, which increases the risk of violence due to disabilities that resulted (microcephaly).

Inability of Women to Escape Their Abusers In The Meantime

There are a host of reasons why women chose to stay with their abusers. These can range from emotional attachment to such partners, economic insufficiency, psychologically traumatized, the fear that separation may put them or their children in harm's way (Rajah and Osborn, 2020; Walker et al., 2020; Ciurria, 2018; St Vil et al., 2017; Crann and Barata, 2016; Hayes, 2013; Hall et al., 2012). Crisis during pandemics heighten these fears.

With the social distancing guidelines put in place by the authorities that may have given rise to economic strains, the relevant organizations are inoperable and are therefore unable to support women and children who are in need of it. The emerging SMS-based safety planning and support services, and the hotline support services are critical life belts in crisis periods due to the ability to provide remote counselling support and safety planning to victims of abuse.

Exposure to Violence and Coercion in Response Efforts

With the COVID-19 outbreak, prevailing protective strategies employed by women, such as moving in groups or ensuring that volunteer workers are escorted when paying visits to homes of refugees, will not be easy to carry out. Documented evidence exists to show that sometimes-volunteer workers carry out acts of violence against women and children they were meant to protect. These aid workers take advantage of their being in positions to help vulnerable women and children as can be seen in the recent Ebola outbreak where health workers, taxi drivers and even burial teams pressured the population into exploitative relationships in exchange for essential goods, vaccines and transport services.

Violence against Healthcare Workers

It is estimated that women make up about 70% of the entire healthcare workforce, including most of those that can be found in informal roles as caregivers (WHO, 2019a, 2019b). Sexual harassment and violence against female health care worker is widespread in the health and social sphere. These female health workers

are forced to contend with violence from male colleagues, their patients and their local community. The risks become more elevated during pandemics, negatively influencing women and the overall health system.

Macroeconomic Impact of Pandemic to Violence against Women

The COVID-19 pandemic is one outbreak that has shown our glaring weaknesses and strengths in handling health emergencies, in joint global efforts and as individual countries. In our world today, everything is viewed from the prism of gender, and the COVID-19 is no different. As can be seen from wars and even the recent global financial crisis of 2008, women seem to take the backseat when issues relating to critical decisions are to be taken, and yet within the health sector in emergencies, their presence is well felt as healthcare workers and caregivers. The reality of this gender bias is emulated across cultures and societies. Front-line health professionals and workers such as nurses, nursing assistants, teachers, child-care givers, aged-care givers and cleaners are most exposed to the infectious disease. Moreover, this group of people would most likely be women, confirming a 2019 study that pegged females in the global healthcare workforce at 67%. Among this group of workers, many are part-time or ad-hoc staff that are most likely to be laid off once the crisis period is over (Griffith Asia Institute, 2020). In addition, when compared to their male counterparts, women are most likely to be casual workers who are not entitled to sick leaves or isolation leave privileges. In addition, most migrant women workers – who are usually nurses or domestic staff – are subjected to double the discrimination through either low paid jobs or casual work; jobs where they stand greater risks of losing with restricted access to healthcare and protective equipment's.

For those women who have plans to leave their abusive partners or family members, the travel bans and lockdowns that have been put in place can prevent such bold steps. We are tempted to ask, what protective measures have been in place for migrant domestic workers who may have been stuck in violent and abusive working environments due to the lockdown measures in parts of Asia and the Pacific region? There is a need for reproductive and sexual health services to be provided and ensuring these women and girls can access these services in order to be certain their maternal health is taken care of. Survivors of gender-based violence would also be taken adequate care of. Unwanted pregnancies would also be prevented, although this has been put in jeopardy by shortages of contraceptives caused by a disruption in the supply chain.

The trade and travel bans that have been instituted in many countries is sure to affect a number of businesses and majorly the developing nations because they

rely on foreign exchange derived from these sectors to power their economies. Therefore, there needs to be adequate response plans for the communities that are at risk to enable them to campaign, shelter and provide support for women, men and families that are going to be adversely affected by economic strains immediately after the outbreak.

Domestic violence will not be eliminated even after the emergency. After the global financial crisis of 2008, a number of low-earning homes experienced a rise in domestic violence. Women and children were often the target of this violence, brought about by strain on finances occasioned by a sharp spike in unemployment. We are left with no iota of doubt that the COVID-19 will lead to an economic recession in most countries. Women will be the hardest hit by this turn of events because they are more likely to be found in low-income homes than their male counterparts are.

To lessen the unequal gender effects of such outcomes that are sure to be skewed against the womenfolk, governments across the board need to diversify the economy and invest in several sectors. In Australia, the manufacturing and trade sectors mainly employ men, in stark contrast to the services sector, which employs women. It is very important that funding is geared towards the empowerment of women who during the course of the crisis may have been content to manage high-load caregiving jobs and jobs that involved high work rate but low pay.

A high cost comes with violence against women, whether it is in the aspect of delivering services to the victims or the cost incurred in the course of criminal justice response. The global cost incurred in the course of violence against women, whether in the public, private or social sphere, is put at 2% of the global gross domestic product or US\$1.5 trillion. That figure is sure to be rising as we speak and will continue after the pandemic has been fought and won (Diario, 2020). The rise in all forms of violence against women and girls will not only worsen the economic fortunes of nations but will also hamper the rate of recovery, the world over. The economic impact that has been caused by sweeping closure of businesses and industries will overburden communities financially, especially populations that have already been considered vulnerable. Women work mostly in informal sectors that are low paying, on a part-time basis and with no job security. These jobs also do not offer income security or social protection such as health insurance; therefore, in times of crisis, they offer no protection from economic recession. Many vulnerable women will be placed at higher risk of violence. When the crisis is over, violence against women and girls will continue to rise while financial stress, job losses and insecurity rise with it side by side. When women who are in abusive relationships lose their means of sustenance, the motivation to walk away from such an atmosphere is eroded. After the COVID-19 pandemic, the long-term capacity of various local organizations advocating for policy reforms on violence against

women will be adversely affected. They also might not be able to cater for survivors of violence.

Therefore, it is very important that violence against women must be tackled headlong, and urgently too. This can be done through economic support and stimulus packages that are in consonance with the challenges and needs of these women who have faced worst cases of discrimination. It behoves on governments across the board to prevent and address violence against women, making such policies key response strategy in the fight against COVID-19. Shelters and helplines must be provided and awareness campaigns should be carried out to make their availability well known.

The contributions of grassroots women organizations cannot be overemphasized. Over time, they have played huge roles in preventing and responding to previous cases of violence against women. Therefore, they need to be supported adequately with the necessary funding. Helplines, online counselling, psychological support and other tools such as SMS should be boosted. More efforts should be made to reach women who may not have access to phones or the internet. The police and justice departments must be mobilized to ensure that cases of violence against women must be given the topmost priority they deserve. Care should be taken to ensure that perpetrators of violence are not left off the hook easily. In allocating responsibilities, the private sector is not spared as they have huge roles to play. Roles such as sharing information, educating staff members on the dangers of domestic violence and encouraging them to take the right steps toward seeking help.

While it is necessary to place women at the helms of crisis management, it is good to acknowledge that not just any woman will do. There is a need for gender experts who understand the terrain. There are gaps in gender experts who understand pandemic planning, outbreak and post-pandemic recovery. Such experts must be versed in gender-sensitive analysis, methods in the field of technology, crisis economics, public health, engineering and risk communications. Knowledge of the aforementioned fields is critical, as they would be crucial in building our tenacity and preparedness in combating the next emergency, whether it is health, climatic or any other disaster.

The Research Report of Turkey on Violence against Women

Turkish government has introduced social isolation measures to slow down the spread of the coronavirus. People older than 65 and younger than 20 are not allowed to leave their homes and the rest of the population have been asked to stay in as much as they can. Although there are no official figures announced yet, women's rights activists in Turkey indicate that there has been a considerable

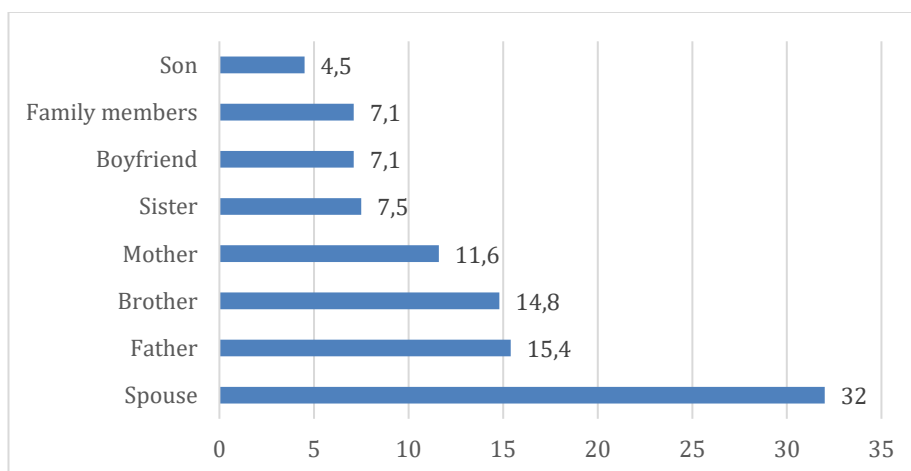
increase in cases of domestic violence during the lockdown. In addition, women's rights groups are urging the government to enhance measures to protect victims of domestic violence as they remain trapped with their abusers. During pandemic process, when Ankara confirmed its first COVID-19 case on March 11, at least 18 women have been killed across Turkey, 12 of them at home. The killers included spouses, partners, ex-husbands and ex-partners as well as male relatives of the victims.

Emergency hotlines for domestic violence victims have seen an increase in calls amid the outbreak. Most callers complain of physical abuse and psychological abuse was the second most prevalent complaint during this quarantine. The Turkish authorities have yet to take any additional measures to protect battered women during the pandemic. The existing actions of support appear to be largely disrupted since many public bodies are now understaffed. They either are providing only limited services or overwhelmed with outbreak emergencies.

Socio-politic Field Research Center conducted a questionnaire between 3-8 April 2020 to understand and measure how the women was affected by the quarantine, how many women was exposed to violence, what kind of violence they are exposed to, what are the recommendations to overcome and solve the problems of violence against women during the Pandemic period. The study was realized with the participation of 1873 women living in 28 cities such as İstanbul, Ankara, İzmir, Antalya, Muğla, Balıkesir, Mersin Adana, Samsun, Malatya, Diyarbakır, Van, Şanlıurfa, Batman and Mardin.

Nearly half (48.4% of the total) of the research group are comprised of 18-34 age group and 55.1% of them are married, 36.8% are single and 7.1% are divorced. It was noted that more than half of the respondents were higher education graduates. 58.2% declared that they are graduates and 12.3% post-graduates. However, while 40.2% in total do not work in any job (14.6% Student, 13% Unpaid Worker, 12% Unemployed and the rest is working (Socio-politic, 2020).

Figure 2: Who perpetrates violence against you?



The participants are asked whether they have experienced any violence and/or conflicts during the quarantine process and 69.4% of the interviewers answered as yes. In addition, during the quarantine process, 43% of people are exposed to violence at home and the perpetrators are as 32% spouse, 15.4% father, 14.8% brother, 11.6% mother, 7.5% sister, 7.1% boyfriend, 7.1% family member and 4.5% son.

Policy and Program Response

Literature suggests that a woman's ability to walk away from abusive partners is rather complicated, especially in situations where divorce is not common and where established societal conventions posit that the fabrics of the family unit be preserved. There are a host of reasons why women chose to stay with their abusers. These can range from emotional attachment to such partners, economic insufficiency, psychologically traumatized, the fear that separation may put them or their children in harm's way [Rajah et al., 2020; Cieurria, 2018; St Vil et al., 2017; Hall et al., 2012; Walter et al., 2012]. Crisis during pandemics heighten these fears. As has been discussed before, quarantine and other social distancing measures restrict movements thereby increasing women who have been subjected to violence at an economic disadvantage. In times of pandemic, the physical safety of women is usually their concern. They may also experience mental or emotional distress. This makes it difficult or such women to create the needed space in the relationships and prevent the risk of violence from their partners.

Crises also limit the access of women to legal support and safety services. This is besides the personal and familial constraints. Before the crisis period, the legal system was already burdened. This has worsened the system from responding adequately to the needs of IPV survivors. A low conviction rate can discourage women from reporting the incidence of violence thereby emboldening their

perpetrators and shielding them from prosecution, especially in places where the legal system is limited (Mueller et al., 2019; Larcombe, 2011).

There exist conceptual programs that can be effective in preventing such triggers, and when achieved, domestic violence can be reduced. Such conditions and programs are stated herein. Young age, poverty, low education levels, are three interconnecting vulnerabilities that increase women's predispositions to violence-triggering conditions. Therefore, governments, civil society organizations, international and community-based organizations can follow these series of steps outlined herein:

Firstly, the government should institute a form of financial safety net. Such policies exist in the United States- Unemployment insurance, and in India - direct unconditional cash transfer to women, and poor families. This will sustain each household largely, thereby enhancing women's capacity to manage risks associated with violence against them and their children.

Secondly, in times of crisis, factors that trigger violence must be addressed. A suitable example can be a ban on the sales of alcohol, limiting the hours in which it can be sold or limiting the volume that can be sold to each person. These measures will restrict access to alcoholic beverages to some extent, reduce alcohol consumption and generally reduce violence against women and children caused by excessive alcoholic consumption.

Thirdly, there should be easy access to domestic violence helpline, shelters and other essentials that will improve women's ability to seek for the help they deserve despite limiting situations. When this is done, women are able to move far away from their abusers, thereby limiting the risk of violence re-victimization. Easy access to support means a. Provision of adequate domestic violence support services such as shelters. b. Legal protection against all forms of domestic violence.

Conclusion

Recent count pegged the spread of the COVID-19 outbreak to over 185 countries and still counting. The coronavirus is one unprecedented pandemic that threatens the very structures of governance. There must be gender-responsive actions and policies by governments to ensure that women, more than the men, do not withstand the worst of this crisis. The measures put in place by different countries are quite extraordinary. They include measures such as the closure of schools, childcare centers and businesses, travel ban, self-isolation and quarantine.

We can conclude from previous researches that family violence increases after major emergencies and natural disasters such as earthquakes, wildfires, hurricanes and cyclones. It is from these experiences that we can forecast an increase in cases of domestic violence during the outbreak of COVID-19. There are other contributing factors that will increase the risk of violence against women and

they would be seen in the current crisis with COVID-19. These factors include financial strain, job losses and unemployment, housing deficit and increased insecurity. There will be an inability for victims to escape their abusers this period. We will also witness decreased access to community support groups if schools remain closed. That is why it is critical that the relevant authorities and organizations, especially health and enforcement services identify and quickly respond to family violence.

It is to our collective interest if we get serious towards integrating domestic violence prevention in the fight against the COVID-19 scourge. Doing otherwise will be very unethical, that is ignoring the human rights violations they may be taking place. If we allow a global upsurge in cases of domestic violence, the results may be very costly, hampering the fight against the COVID-19 outbreak.

Finally, the COVID-19 outbreak seems like a test to humanity in ways we have never experienced. It is both shocking and traumatic to us as we try to get our heads above water. The violence that is creeping in is a shocking reminder and a challenge to our values and what we stand for as humans. We should strive not only to survive but also to emerge stronger, reinvigorated, with women serving at the centre point of our recovery.

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