



L&RS Note

Anticipating the gendered impacts of COVID-19

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Abstract

It is important to understand the extent to which COVID-19 and responses to it affect women and men differently if we are to anticipate gendered outcomes from the outbreak and produce effective policies to address them. To date, research and policy responses to COVID-19 have tended to overlook this issue and there is a prevailing underlying assumption that women and men experience the impacts of COVID-19 more or less equally. However, emerging research and anecdotal evidence suggests that this is not the case, and research on past pandemics, epidemics and emergency situations shines a light on the variable nature of the gendered impacts. Drawing on this existing evidence base, this L&RS note considers how gender and sex might shape COVID-19 in Ireland.



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Key Messages from this L&RS Note

- Research shows that disease outbreaks and emergency situations often affect women and men differently. Some evidence already exists which shows that COVID-19 and the measures introduced to suppress it have differential outcomes for women and men.
- Early information on death and infection rates suggest that more men are dying from COVID-19 but more women are becoming infected.
- Studies on SARS, which is also a coronavirus, found that it had a more severe outcome in pregnant women than non-pregnant women of childbearing age.
- Studies show that women spend significantly more time on childcare and housework than men in ordinary times. This may negatively impact women's capacity to work from home and deepen existing economic gender inequalities.
- Research suggests that domestic violence has increased since the onset of the COVID-19 outbreak, although few measures have been taken to address this.
- Women are poorly represented in global decision-making on COVID-19, although the Irish National Public Health Emergency Team (NPHE) is more gender balanced.

Introduction

Research shows that while epidemics and other emergency situations such as armed conflict negatively affect both men and women, they do so in different ways that are shaped by sex and gender¹. By and large, sex refers to biological differences between males and females and gender refers to differences in the socially constructed roles and identities associated with being a man or a woman. While we do not know much about if and how COVID-19 affects women differently from men, research on past epidemics/pandemics and emergency situations can inform us. This research shows that gender and sex influence a person's exposure to an illness and whether and how they seek medical help for it². It also shows that inequalities that already exist in society, in this case between men and women but likewise between members of different class, ethnic and racial groups (among others) can be deepened by emergency situations. This is because members of under advantaged groups often have fewer resources (e.g. money, power) to cope with negative outcomes of emergency situations and because these groups and their needs are often excluded from decision-making³. Finally, research shows that violence against women often increases during and after emergency situations⁴.

1 See among others World Health Organization (WHO). Addressing sex and gender in epidemic-prone infectious diseases. (2007), https://apps.who.int/iris/bitstream/handle/10665/43644/9789241595346_eng.pdf (Accessed April 5, 2020) and Cohn, Carol, ed. Women and wars: Contested histories, uncertain futures. John Wiley & Sons, 2013.

2 WHO. Addressing sex and gender in epidemic-prone infectious diseases. (2007).

3 Aoláin, Fionnuala Ní. "Women, vulnerability, and humanitarian emergencies." *Mich. J. Gender & L.* 18 (2011): 1; Moser, Caroline ON, and Fiona Clark. *Victims, perpetrators or actors?: Gender, armed conflict and political violence.* Palgrave Macmillan, 2001. For a summary on how armed conflict fuels gender inequalities see UN Women, *In Focus: Women and Armed conflict*, <https://beijing20.unwomen.org/en/in-focus/armed-conflict> (Accessed April 8, 2020)

4 Fisher, Sarah. "Violence against women and natural disasters: Findings from post-tsunami Sri Lanka." *Violence against women* 16, no. 8 (2010): 902-918; Swaine, Aisling. "Beyond strategic rape and between the public and private: Violence against women in armed conflict." *Hum. Rts. Q.* 37 (2015): 755.

On this basis, it is useful to examine potential outcomes of COVID-19 from the perspective of sex and gender. Indeed, [UN Women](#) have called for such an analysis, stressing that paying attention, in particular, to women's needs and leadership will strengthen the COVID-19 response⁵. Since research shows it is women's needs and experiences that are often overlooked in crisis responses and because existing gender inequalities are often worsened by crises, this Note will focus mainly on the outcomes of COVID-19 for women. Just as with the other areas of COVID-19, knowledge is limited and moving quickly and most of the outcomes are currently unknown. As such, the issues discussed here are neither complete nor certain. With that in mind, Table 1 below gives a summary of some potential gendered outcomes from the COVID-19 virus itself, and the measures introduced by government to suppress the pandemic. These are discussed in turn in the sections that follow.

Table 1: Potential gendered outcomes of COVID-19

Feature of COVID-19	Potential gender specific outcome
Death rate	Higher death rate among men from COVID-19 Potentially more negative outcomes from COVID-19 for pregnant women than non-pregnant women of childbearing age
Number of cases	More cases of COVID-19 among women
School/childcare facility closures and remote working	Women spend more time caring for children and/or doing housework which may limit time for paid employment Result of this might be lower job productivity among women and fewer future economic opportunities
Stay at home measures	Increase in domestic violence and/or less support available for victims as a result of stay at home measures Most victims of domestic violence are women
Decision-making	Although women not well represented in COVID-19 decision-making globally, they are well represented on Ireland's National Public Health Emergency Team (NPHET) Higher visibility of male decision-makers in media

Source: Oireachtas L&RS

⁵ UN Women, Paying attention to women's needs and leadership will strengthen COVID-19 response, March 19, 2020 <https://www.unwomen.org/en/news/stories/2020/3/news-womens-needs-and-leadership-in-covid-19-response> (Accessed March 20, 2020).

Mortality (death) rates

To date, there have been 165,273 deaths attributable to COVID-19 across the globe (April 20, 2020). While not all countries affected have gathered separate information for death rates among men and women, those that have mostly record higher death rates among men. One study found that (as of March 20, 2020) 64% of deaths in China were men, 58% in France, 62% in Germany, 59% in Iran, 71% in Italy and 54% in South Korea⁶. This trend is mirrored in Ireland, where 346 men compared to 264 women have died at the time of writing (April 19 2020). The exact reasons for this are unknown and interestingly the same trend has been observed for other coronaviruses including SARS and MERS⁷.

Possible explanations for this tend to include a combination of the different responses to COVID-19 for male and female immune systems, higher levels of risky behaviours and co-morbidities among men and lower levels of health-seeking behaviour among men⁸. While little is known about how male and female immune systems react to COVID-19, we do have some information on risk factors and health-seeking behaviour among men. For risk factors, the HSE identifies high risk individuals for COVID-19 as individuals from the following groups: aged 60 years and over; with a long-term medical condition (e.g. heart disease, diabetes, cancer or high blood pressure); with a weak immune system; with a chronic lung condition; and who smoke⁹. Although more women than men are aged 60 years or over in Ireland, studies show that men make up more of most other categories. For example, the 2019 Healthy Ireland survey¹⁰ found that more men than women have diabetes, have high blood pressure and smoke (Table 2).

Table 2: Prevalence of certain risk factors for COVID-19 among men and women in Ireland

Risk factor	Men	Women
Diabetes	6%	3%
High blood pressure	14%	13%
Smoking	19%	16%

Source: Department of Health and Healthy Ireland

For health seeking behaviours, studies on pandemic and seasonal influenza have found that men are less likely to seek medical help when they become ill and tend to seek it later than women,

6 BMJ Global Health, Sex, gender and COVID-19: Disaggregated data and health disparities, March 24, 2020, <https://blogs.bmj.com/bmjgh/2020/03/24/sex-gender-and-covid-19-disaggregated-data-and-health-disparities/> (Accessed April 5, 2020).

7 WHO. Addressing sex and gender in epidemic-prone infectious diseases. (2007), https://apps.who.int/iris/bitstream/handle/10665/43644/9789241595346_eng.pdf (Accessed April 5, 2020)

8 del Rio, Carlos, and Preeti N. Malani. "COVID-19—new insights on a rapidly changing epidemic." *Jama* (2020).

9 HSE, At Risk Groups: Coronavirus (COVID-19), <https://www2.hse.ie/conditions/coronavirus/at-risk-groups.html> (Accessed April 8, 2020).

10 Department of Health and Healthy Ireland, April 5, 2019, Healthy Ireland Survey: Summary report, <https://assets.gov.ie/41141/e5d6fea3a59a4720b081893e11fe299e.pdf> (Accessed April 3, 2020).

often when they have become very ill¹¹. Although these studies are not specific to Ireland, the Irish Health survey¹² did find that 13% more women than men had visited their family doctor in the previous year which may indicate higher levels of health seeking behaviour among women.

Finally, it is worth mentioning that while the early information points toward higher death rates for men from COVID-19, it also shows higher case rates for women¹³. The most recent available figures (April 14, 2020) show 8,060 cases of COVID-19 among women and 6,397 cases among men in Ireland¹⁴. One possible aspect of is that women are more likely to care for the ill and this may increase their exposure. Women represent the vast majority (80%) of healthcare workers in Ireland¹⁵ and government figures (April 17, 2020) show that 25% of all cases of COVID-19 in Ireland have occurred among healthcare workers¹⁶. In addition to this, the Caring and Unpaid Work in Ireland study¹⁷ found that women are more likely to care for sick and elderly relatives in a personal capacity than men, which may also increase their exposure to illness. Another aspect is that significantly more women than men live in nursing homes in Ireland¹⁸ and nursing homes have accounted for a high number of COVID-19 infection clusters.

Overall, while it is still too early to say whether the pattern of more male deaths and more female infections from COVID-19 will remain and why exactly that might be so, the initial evidence at least shows the importance of gender awareness in this regard. On this basis, the World Health Organization (WHO) and others have stressed the importance of collecting and publicly reporting the number of diagnosed infections, tests conducted and deaths for both men and women

11 Peppas, Maria, W. John Edmunds, and Sebastian Funk. "Disease severity determines health-seeking behaviour amongst individuals with influenza-like illness in an internet-based cohort." *BMC infectious diseases* 17, no. 1 (2017): 238.; Liao, Qiuyan, Benjamin Cowling, Wing Tak Lam, Man Wai Ng, and Richard Fielding. "Situational awareness and health protective responses to pandemic influenza A (H1N1) in Hong Kong: a cross-sectional study." *PLoS One* 5, no. 10 (2010)

12 Central Statistics Office (CSO), Irish Health Survey, 2015, <https://www.cso.ie/en/releasesandpublications/ep/p-ihs/irishhealthsurvey2015/ct/> (Accessed March 31, 2020).

13 An L&RS Storyboard gives further information on the gender breakdown of COVID-19 cases over time and how this has shifted Oireachtas L&RS, COVID-19 (Coronavirus) in the Republic of Ireland: A graphical storyboard, <https://www.oireachtas.ie/en/how-parliament-is-run/houses-of-the-oireachtas-service/library-and-research-service/use-our-research/> (Accessed April 15, 2020).

14 With 145 cases unknown. Health Protection Surveillance Centre (HSPC), COVID-19 Health Surveillance Monitor, <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casesinireland/> (Accessed April 20, 2020).

15 According to data from a 2016 survey, see CSO, Women and Men in Ireland 2016, <https://www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2016/health/> (Accessed April 3, 2020).

16 Department of Health, Statement from the National Public Health Emergency Team – Sunday 19 April, <https://www.gov.ie/en/press-release/2ebc1a-statement-from-the-national-public-health-emergency-team-sunday-19-a/> (Accessed April 20, 2020).

17 Economic and Social Research Institute (ERSI), Caring and Unpaid Work in Ireland, July 9, 2019, <https://www.esri.ie/publications/caring-and-unpaid-work-in-ireland> (Accessed April 2, 2020).

18 At the time of the 2016 census there were roughly twice as many women as men resident in nursing homes. Census of Population 2016 - Profile 3 An Age Profile of Ireland, 2016, <https://www.cso.ie/en/releasesandpublications/ep/p-cp3oy/cp3/agr/> (Accessed April 20, 2020).

separately¹⁹. This information can help us to understand why more men are dying from COVID-19 and inform targeted, effective policies to prevent and treat COVID-19. As it stands currently, Ireland collects and publicly reports separate data for diagnosed infections and deaths but not for testing²⁰.

Pregnancy

Based on quarterly data of births registered in Ireland we can deduce that a minimum of around 46,000 women are pregnant in Ireland at any given time²¹. There is currently limited information on the outcome of COVID-19 in pregnancy for women or foetuses and there is little research even on past, similar epidemics such as SARS. However, a few studies on the outcomes of SARS (also a coronavirus) in pregnancy do exist and these mostly found that SARS had a worse course and outcome in pregnant women. Specifically, studies found that pregnant women displayed worse symptoms and were more likely to die from SARS than non-pregnant women of childbearing age²² and that pregnant women often reported experiencing psychological problems as a result of the stress of being pregnant and having a dangerous virus²³. Studies have also linked pneumonia, a common outcome of COVID-19, to increased complications and higher death rates for pregnant women and in some cases to hazards to the foetus²⁴. While the consequences of infection with COVID-19 for pregnancies are uncertain, with no evidence so far of severe outcomes for mothers and infants, the evidence on SARS suggests that this possibility should be considered. Possibly considering this, Interim Guidelines on the management of suspected COVID-19/SARS-CoV-2 in the pregnant and post-partum period have been introduced by the HSE²⁵.

Research also suggests that pregnant women may be at a higher risk of contracting or transmitting COVID-19 due to their increased contact with healthcare settings. For example, both SARS and Ebola viruses were transmitted in maternity settings²⁶. As maternity settings are not often viewed

19 See WHO. Addressing sex and gender in epidemic-prone infectious diseases. (2007). Also, BMJ Global Health, Sex, gender and COVID-19: Disaggregated data and health disparities.

20 The Department of Health, Statement from the National Public Health Emergency Team - Tuesday 14 April, states how many tests have been carried out but does not break these tests down by gender.

21 In the last five years at least 45,000 births have been registered in Ireland across three statistical quarters (e.g. nine months of the year). See CSO, Vital Statistics <https://www.cso.ie/en/statistics/birthsdeathsandmarriages/vitalstatistics/> (Accessed April 15, 2020)

22 Lam et al. "A case-controlled study comparing clinical course and outcomes of pregnant and non-pregnant women with severe acute respiratory syndrome." BJOG: An International Journal of Obstetrics & Gynaecology 111, no. 8 (2004): 771-774; Wong et al. "Pregnancy and perinatal outcomes of women with severe acute respiratory syndrome." American journal of obstetrics and gynecology 191, no. 1 (2004): 292-297.

23 WHO. Addressing sex and gender in epidemic-prone infectious diseases. (2007).

24 Brito, Veronica, and Michael S. Niederman. "Pneumonia complicating pregnancy." Clinics in chest medicine 32, no. 1 (2011): 121-132.

25 HSPC, Interim Guidelines on the management of suspected COVID-19/SARS-CoV-2 in the pregnant and post partum period, April 2020, https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/pregnancypostpartumguidance/Interim%20Guidelines%20on%20the%20management%20of%20suspected%20COVID-19SARS-CoV-2%20in%20the%20pregnant%20and%20post%20partum%20period_V1.1.pdf (Accessed April 7, 2020)

26 WHO. Addressing sex and gender in epidemic-prone infectious diseases. (2007).

as common settings for virus transmission, attention to mild symptoms in this context may also be lower than in regular hospital settings. However, strict infection control measures were introduced for SARS which limited transmission in maternity settings²⁷. Some, but not all these measures have been incorporated into the HSE guidelines mentioned above.

Gendered impacts of remote working

In most countries women bear most of the responsibility for childcare and housework. The Caring and Unpaid Work in Ireland study²⁸ found that 40% of women compared to 26% of men reported daily involvement in childcare. It also found that 81% of women compared to 44% of men reported doing daily housework and that women spent more total weekly hours on housework than men (20 hours compared to 9). As part of measures to suppress COVID-19, the government in Ireland, as elsewhere, has closed schools and childcare facilities and requires 'non-essential' workers to work from home. If women continue to bear most of the domestic burden in this context, which it is reasonable to assume they will, it is likely they will have less time available to work from home than men in the same position. A likely immediate consequence of this is that women's productivity in employment will suffer more than men's; a longer-term consequence is potentially fewer economic opportunities for women (e.g. merit-based promotion) and a wider gender remuneration gap. In addition to this, women disproportionately make up the sectors (e.g. retail and hospitality) that have been shut down entirely in response to COVID-19 and are therefore likely to bear the brunt of the shutdown in terms of earnings. One analysis by the Institute of Fiscal Studies²⁹ found that at the time of shutdown, 17% of female employees were in a sector that is now shut down compared to 13% of male employees. In Ireland, there is already a considerable gender gap between women and men in employment; fewer women are employed than men, women earn less than men for the same jobs³⁰, and women are significantly under-represented in leadership positions (Figure 1).

Figure 1: Gender inequality in the Irish workforce



Source: CSO, Eurostat, Oireachtas L&RS³¹

27 Some of these control mechanisms are described here: Robertson et al. "SARS and pregnancy: a case report." *Emerging infectious diseases* 10, no. 2 (2004): 345; Ng et al. "Infection control for SARS in a tertiary neonatal centre." *Archives of Disease in Childhood-Fetal and Neonatal Edition* 88, no. 5 (2003): F405-F409

28 ESRI, *Caring and Unpaid Work in Ireland*, July 9, 2019, <https://www.esri.ie/publications/caring-and-unpaid-work-in-ireland> (Accessed April 2, 2020).

29 IFS, *Sector shutdowns during the coronavirus crisis: which workers are most exposed?*, April 6, 2020, <https://www.ifs.org.uk/publications/14791> (Accessed April 15, 2020).

30 The gender pay gap refers to the difference between the average gross earnings of female and male employees.

31 For labour force participation rates see CSO, *Labour Force Survey, 2019*, <https://www.cso.ie/en/releasesandpublications/er/lfs/labourforcesurvey/lfsquarter42019/> (Accessed March 4,

Experts and advocates warn that COVID-19 could increase this gender gap if strategies are not taken to address it³². To this end, UN Women has called on governments and businesses to support policies which promote an equal sharing of the burden of care between women and men, implement/support family-friendly working arrangements and ensure long-term impact planning for COVID-19 is sensitive to the potentially greater domestic burden carried by women and supports them in this³³. UN Women also highlight the value of collecting sex-disaggregated data on the differential care burden and economic impacts of COVID-19 for women, which can be used to inform policies and planning³⁴.

Domestic violence

Domestic violence refers to all acts of physical, sexual, psychological or economic violence that occur within the domestic unit or between former or current spouses or partners³⁵. Overall, more women than men experience domestic violence, around 15% of women compared to 6% of men according to the National Study of Domestic Abuse and women are far more likely to experience serious injury and/or be killed by a male partner³⁶. A large volume of research shows that domestic violence and other forms of violence against women increase during emergency situations, such as humanitarian emergencies and armed conflicts³⁷. One reason for this is that risk factors for

2020); For women in leadership see Gender Balance in Business Survey, 2019, <https://www.cso.ie/en/releasesandpublications/er/gbb/genderbalanceinbusinesssurvey2019/> (Accessed March 4, 2020); For gender pay gap see Eurostat, Gender pay gap in unadjusted form, February 2020, <https://ec.europa.eu/eurostat/databrowser/view/tesem180/default/table?lang=en> (Accessed March 4, 2020) and also Oireachtas Library & Research Service, 2018, Bill Digest: Gender Pay Gap Information Bill 2019.

32 UNFPA, COVID-19: A Gender Lens Protecting sexual and reproductive health and rights, and promoting gender equality, March 2020, <https://www.unfpa.org/resources/covid-19-gender-lens> (Accessed March 6, 2020).

33 See UN Women, Family-friendly policies and other good workplace practices in the context of COVID-19: Key steps employers can take, March 2020, <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/family-friendly-policies-and-other-good-workplace-practices-in-the-context-of-covid-19-en.pdf?la=en&vs=4828> (Accessed April 7, 2020); UN Women, Women and COVID-19: Five things governments can do now, March 26, 2020, <https://www.unwomen.org/en/news/stories/2020/3/news-women-and-covid-19-governments-actions-by-ded-bhatia> (Accessed March 31, 2020).

34 UN Women, Paying attention to women's needs and leadership will strengthen COVID-19 response.

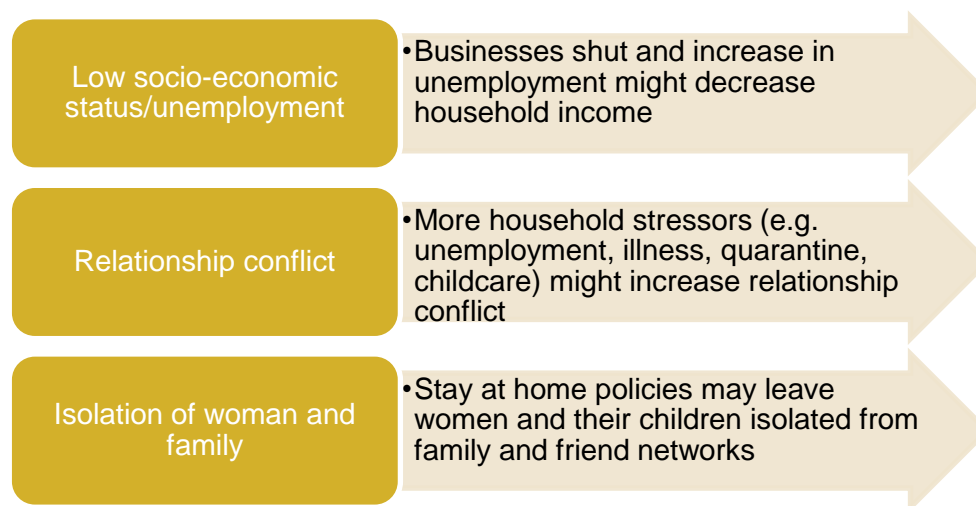
35 Council of Europe (COE), Council of Europe Convention on preventing and combating violence against women and domestic violence, 2011, <https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e> (Accessed April 9, 2020).

36 National Crime Council and ESRI, Domestic Abuse of Women and Men in Ireland: Report on the National Study of Domestic Abuse, 2005, <http://www.cosc.ie/en/COSC/Abuse%20Report%20NCC.pdf/Files/Abuse%20Report%20NCC.pdf> (Accessed April 4, 2020).

37 Doyle, Jessica Leigh, and Monica McWilliams. "What difference does peace make? Intimate partner violence and violent conflict in Northern Ireland." *Violence against women* (2019), https://journals.sagepub.com/doi/pdf/10.1177/1077801219832902?casa_token=5ITd3ZF0sTkAAAAA:BJcB_Z4h2fzlwJziuiBfxarBXhnn7ijiBz6q0HvGxhiyVzsnLN-w5z-wO9X-XuTrMJCrRR1mW2u (Accessed April, 9, 2020); Aoláin, Fionnuala Ní. "Women, vulnerability, and humanitarian emergencies." *Mich. J. Gender & L.* 18 (2011), 1.

violence are exacerbated by emergency situations³⁸. Some known risk factors for domestic violence that might be exacerbated by COVID-19 include low socio-economic status/unemployment, relationship conflict and the isolation of women and family. These are summarised in Figure 2 and explored in detail below.

Figure 2: Known risk factors for domestic violence and COVID-19



Source: Oireachtas L&RS

For low socio-economic status and employment (Figure 2), evidence suggests that domestic violence increases as the economic situation of a family decreases³⁹. In the wake of COVID-19 it is predicted that up to 350,000 people may become unemployed⁴⁰. If this results in significant drops in household income, we might expect domestic violence to increase. For relationship conflict, research has also found that frequency of verbal disagreement is strongly related to likelihood of physical violence and that relationship conflict is fuelled by household stress. It is possible that an increase in household stress as a result of illness, the confinement of 'lockdown', school closures and unemployment/job uncertainty among other aspects of COVID-19 might increase relationship conflict and therefore domestic violence. For isolation of woman and family, research shows that women who have strong family and friend networks experience lower rates of domestic violence and that family and friendship networks protect against the negative effects of domestic violence on mental health⁴¹. Stay at home measures, although seemingly effective in suppressing COVID-19 potentially leave victims of violence isolated from support networks (including women's refuges)

38 Michau, Lori, Jessica Horn, Amy Bank, Mallika Dutt, and Cathy Zimmerman. "Prevention of violence against women and girls: lessons from practice." *The Lancet* 385, no. 9978 (2015): 1672-1684; Cohn, Carol, ed. *Women and wars: Contested histories, uncertain futures*. John Wiley & Sons, 2013.

39 Heise, Lori L. "Violence against women: An integrated, ecological framework." *Violence against women* 4, no. 3 (1998): 262-290.

40 ESRI, Quarterly Economic Commentary: Spring 2020, March 26, 2020, <https://www.esri.ie/news/scenario-analysis-suggests-irish-economy-to-fall-into-recession-in-2020-as-a-result-of> (Accessed April 6, 2020).

41 Gerino et al. "Intimate partner violence in the golden age: systematic review of risk and protective factors." *Frontiers in psychology* 9 (2018): 1595; Coker et al. "Social support protects against the negative effects of partner violence on mental health." *Journal of women's health & gender-based medicine* 11, no. 5 (2002): 465-476.

and may limit their opportunities to seek help. These are just some ways in which aspects of COVID-19 might influence risk factors for domestic violence.

While these are predictions and we do not know exactly why domestic violence might increase in response to COVID-19, reports from leading organisations working on domestic violence in Ireland suggest that it is having an impact. Specifically, these organisations have recorded both an increase in the number of calls to their domestic violence hotline and that almost all these calls relate to COVID-19⁴². Similar patterns are being seen across the world in China, Italy, Spain, the USA, Greece and Brazil⁴³. For example, in Hubei, China reports of domestic violence to the police more than tripled during lockdown in February 2020 compared to February 2019⁴⁴. A leading domestic violence hotline in the USA reported both a doubling of calls and also that violent abusers were using COVID-19 to further control and isolate their partners, for instance by threatening to put them out on the street during times of quarantine and/or stopping them from seeking medical help if they became ill with COVID-19⁴⁵.

In response to this rise in domestic violence, UN Secretary General Antonio Guterres has urged governments “to make the prevention and redress of violence against women a key part of their national response plans for Covid-19” and the UN has issued a set of recommended measures (Box 1).

Box 1: UN domestic violence reduction recommendations

- Increase investment in online services and civil society organizations,
- Make sure judicial systems continue to prosecute abusers,
- Set up emergency warning systems in pharmacies and groceries,
- Declare shelters as essential services,
- Create safe ways for women to seek support, without alerting their abusers,
- Avoid releasing prisoners convicted of violence against women in any form,
- Scale up public awareness campaigns, particularly those targeted at men and boys.

Source UN Women⁴⁶

In Ireland, leading organisations working on domestic violence have voiced concern that domestic violence is being overlooked in the national response to COVID-19 and that key government

42 Reported in The Times, Coronavirus: domestic abuse reports rise after people are forced to stay home, March 20, 2020, <https://www.thetimes.co.uk/article/coronavirus-domestic-abuse-reports-rise-after-people-are-forced-to-stay-home-lgz95d9k3> (Accessed April 3, 2020).

43 See The Guardian, Lockdowns around the world bring rise in domestic violence, March 28, 2020, <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence> (Accessed April 9, 2020).

44 Sixth Tone, Domestic Violence Cases Surge During COVID-19 Epidemic, March 2, 2020, <https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic> (Accessed April 9, 2020).

45 Oregon Live, Calls to Oregon’s domestic violence crisis lines spike amid coronavirus crisis, March 20, 2020, <https://www.oregonlive.com/crime/2020/03/calls-to-oregons-domestic-violence-crisis-lines-spike-amid-coronavirus-crisis.html> (Accessed April 9, 2020).

46 UN News, UN chief calls for domestic violence ‘ceasefire’ amid ‘horrifying global surge’, April 6, 2020, <https://news.un.org/en/story/2020/04/1061052> (Accessed April 6, 2020).

agencies have been slow to respond to the increased needs of victims of domestic violence⁴⁷. Specifically, these organisations voiced concern that they had not received emergency funding to adapt their services to COVID-19; moving women and children out of communal refuges, ensuring personal protective equipment and providing for adequate professional staff to respond to the increased need for their services. They point out that emergency funding was prioritised to domestic violence services in the UK and Scotland as a government response to COVID-19. However, responses have recently begun to emerge in the Irish context. A major national awareness campaign on domestic violence was launched across TV, radio and social media on April, 15, 2020⁴⁸ and the Department of Justice and Equality announced the allocation of over €160,000 to community and voluntary groups to support their services to victims of domestic violence⁴⁹. State agencies too have begun to adapt and priorities services to victims of domestic violence. For instance An Garda Síochána have launched a proactive operation to reach out to victims of domestic violence, the Court service have said it is prioritising domestic violence and childcare cases and the Legal Aid Board have set up a helpline to provide advice and legal representation to (among others) victims of domestic violence⁵⁰.

Decision making

The inclusion of women in political and policy decision-making is important not only because it is central to gender equality and women's rights, but also because it has benefits for society. For example, research shows that when women are meaningfully represented and engaged in leadership bodies, decisions are more likely to be inclusive, representative and take diverse views into account⁵¹. Despite this, women have been notably absent in global COVID-19 policy spaces and in media coverage of the issue. Figures from Women in Global Health, a leading NGO that tracks gender equality in global health leadership show this, report that only 20% of the WHO Emergency committee on COVID-19 and 10% of the US Coronavirus task force are women⁵².

47 Safe Ireland, Growing concern that the needs of domestic abuse victims are being overlooked in national response to Covid-19, <https://www.safeireland.ie/growing-concern-that-the-needs-of-domestic-abuse-victims-are-being-overlooked-in-national-response-to-covid-19/> (Accessed April 6, 2020).

48 Department of Justice and Equality, Major new TV, Radio and Social Media Campaign reaching out to Victims of Domestic Abuse begins today, <http://www.justice.ie/en/JELR/Pages/PR20000055> (Accessed April 16, 2020).

49 Merrion Street, Ministers Flanagan and Stanton announce campaign to reassure victims of domestic abuse that support is still available despite COVID-19, https://merrionstreet.ie/en/News-Room/Releases/Ministers_Flanagan_and_Stanton_announce_campaign_to_reassure_victims_of_domestic_abuse_that_support_is_still_available_despite_COVID-19.html (Accessed April 16, 2020).

50 Merrion Street, Ministers Flanagan and Stanton announce campaign to reassure victims of domestic abuse that support is still available despite COVID-19.

51 Women Deliver, Women in Leadership, <https://womendeliver.org/womensleadership/> (Accessed April 3, 2020), European Commission Advisory Committee on Equal Opportunities for Women and Men, Opinion on "Gender Balance in Decisionmaking in Politics", 2017, https://ec.europa.eu/info/sites/info/files/final_version_5_december.pdf (Accessed April 3, 2020); Bratton, Kathleen A., and Leonard P. Ray. "Descriptive representation, policy outcomes, and municipal day-care coverage in Norway." *American Journal of Political Science* (2002): 428-437;

52 Women in Global Health, Operation 50/50: Women's Perspectives Save Lives, <https://www.womeningh.org/operation-50-50> (Accessed April 6, 2020).

They also found that only one woman is quoted for every three men in media coverage of COVID-19.

For Ireland, the National Public Health Emergency Team (NPHE) charged with managing the response to COVID-19 at a national level is comprised of more women than men⁵³, indicating gender balance at that level. However, at the same time the Taoiseach, Minister for Health, Chief Medical Officer and HSE Chief Clinical Officer are all men, meaning that most statements on COVID-19 and consequently media coverage has focused on men. Whether the equal gender balance of NPHE makes any difference in terms of identifying and addressing women's experiences and needs in decision-making has yet to be seen. At any rate, UN Women has highlighted that the inclusion of women in decision-making needs to be multi-level, incorporating women at the local, municipal and national level, and long-term, extending from response to recovery⁵⁴.

Conclusion and potential implications

This L&RS Note has sought to highlight some potential outcomes of COVID-19 from the perspective of sex and gender based on the evidence available. This evidence shows that disease outbreaks and emergency situations affect women and men differently and can increase existing inequalities for women and girls. On this basis, leading UN bodies have recommended that governments adopt a gender perspective when responding to COVID-19. Broadly speaking, the main policy responses cited by these bodies to governments focus on the following areas⁵⁵:

- **The availability of sex-disaggregated (separated) data, including on** differing rates of infection, testing and mortality and on the differential economic impacts, care burden and incidence of domestic violence for women and men
- **The inclusion of a gender perspective and gender experts in planning and decision-making** which considers how experiences may differ for different groups and ensure policies and interventions speak to their needs. This includes women and men but also other groups such as those living in poverty, persons with disabilities, minority groups, displaced persons and refugees and LGBTIQ individuals
- **Ensuring an equal voice for women in decision-making in the response to COVID-19 and in long-term impact planning**
- **The development of strategies to address the potential added economic impacts of the outbreak for women**
- **The prioritisation of services for prevention and response to domestic violence and other forms of gender-based violence**
- **Ensuring that high attention is given to sexual and reproductive health and rights**, including by adhering to strict guidance for infection prevention for safe pregnancies and childbirth.

53 Department of Health, Expert Group Membership, <https://www.gov.ie/en/collection/4abdb7-minutes-of-national-public-health-emergency-team-nphet-meetings-2019/?referrer=/national-patient-safety-office/patient-safety-surveillance/antimicrobial-resistance-amr-2/public-health-emergency-plan-to-tackle-cpe/nphet-press-releases-minutes-of-meetings/> (Accessed April 6, 2020).

54 UN Women, Women and COVID-19: Five things governments can do now, March 26, 2020.

55 Among others see UN Women, Paying attention to women's needs and leadership will strengthen COVID-19 response, March 19, 2020; UNFPA, COVID-19: A Gender Lens Protecting sexual and reproductive health and rights, and promoting gender equality, March 2020.



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