COVID-19, INTERSECTIONALITY AND CONCERNS ABOUT VIOLENCE IN THE HOME

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INTRODUCTION

The seminal definition of violence, provided by the World Health Organization (WHO), is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in different forms of injury, from psychological harm, social deprivation, physical dysfunctions and ill-development, to death (Dahlberg & Krug, 2002[1]). The most prevalent form, globally, is intimate partner violence (IPV), with almost one-in-three ever-partnered women having experienced physical or sexual assault (Devries et al., 2013[2]; WHO, 2017[3]). Violence against women is well documented as being socially constructed, reinforcing the inequitable distribution of power between women, men and other gender identities in society. In Canada, the latest data available illustrate that violence against women accounts for one quarter of all violent crime reported to the police (Sinha, 2015[4]). In general, it represents one of the most significant societal issues that endanger health and well-being.

1 Dahlberg LL. "Violence: a global public health problem", In Krug EG, Dahlberg LL, Mercy JA, Zwi AB, & Lozano R (Eds.), *World report on violence and health* (pp. 1–21). Geneva, Switzerland: World Health Organization. 2002.

2 Devries KM, et al. "The global prevalence of intimate partner violence against women". *Science*. 2013;340(6140): 1527–8.

3 World Health Organization. "Violence against women". World Health Organization. 2017. Retrieved from www.who. int/mediacentre/factsheets/fs239/en/.

4 Sinha, M. "Intimate partner violence". Statistics Canada. 2015. Available from: www.statcan.gc.ca/pub/85-002-x/2013001/article/11805/11805-3-eng.htm#n3.

In the context of COVID-19[5], international, as well as Canadian agencies, have reported increased cases of violence (United Nations, 2020[6]; Mason & DuMont[7]; Gunraj & Howard, 2020[8]). In fact, Statistics Canada survey found that approximately 1-in-10 Canadian women were concerned about violence occurring in the home during this unprecedented pandemic (Turcotte & Hango, 2020[9]). Using the same dataset, (LaRochelle & Uppal 2020[10]) determined that Canadians identifying as immigrants were twice as likely as Canadian-born respondents to report that they were concerned about violence in the home. It is paradoxical that in the context of COVID-19, *stay at home* recommendations increased the risk of IPV for many women while acting as a barrier to safety and support (Zero & Geary, 2020[11]). In fact, crises and times of unrest are known to be catalysts for gender-based violence due to financial instability, unstable social and protective networks, and reinforcement of unequal power dynamics, which is turn affect the access to necessary health and social supports (Fraser, 2020[12]; Palermo and Peterman, 2011[13]; Peterman et al., 2020[14]).

The aim of this paper is to further examine concerns about violence in the home among immigrants and to identify social and economic contextual factors associated with these concerns. In doing so, we recognize that *intersecting identities* shape perceptions of violence along a continuum from lived gendered experiences in countries of origin to structural and systemic barriers affecting integration and inclusion in the host country (Okeke-Ihejirika et al., 2018[15]; Hyman et al., 2011[16]; Hyman et al., 2008[17]).

METHODS

We used data from the Statistics Canada web panel survey, the Canadian Perspectives Survey Series (CPSS), a subsample of the Labour Force Survey. The survey was conducted between March 29 and April 3, 2020. The survey included a question on whether a respondent was Canadian-born or not. The latter are referred to as immigrants, being mindful of the fact that this group encompasses different migration experiences and lengths of stay, data not available in the dataset. Information on age group, sex, marital status, level of education, presence of children under 18 years at home, economic concerns, as well as concerns about family stress and confinement, violence at home, maintaining social connections, were used. Descriptive analysis allowed for the comparison of concerns of violence between self-identified immigrant and Canadian born men and women in reporting these concerns. Bivariate (Chi-square tests) analyses were performed to examine social and economic contextual factors[18] associated with violence concerns among women who self-identified as immigrants. In accordance with Statistics Canada recommendations, analyses were performed on weighted data. The final

5 Coronavirus Disease (2019). www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html.

6 " UN backs global action to end violence against women and girls amid COVID-19 crisis". *UN News* [newspaper on the Internet]. 2020 April 6(cited 9 April 2020); Women: (about 3p.). Available from: https://news.un.org/en/story/2020/04/1061132.

7 DuMont J, Mason R. "Addressing a GLOBAL pandemic within a global pandemic". Canadian Science Policy Centre. 2020. Retrieved from: https://sciencepolicy.ca/news/addressing-global-pandemic-within-global-pandemic.

8 Gunraj A, Howard J. "Why is the COVID-19 pandemic linked to more gender-based violence?" Canadian Women's Foundation. 2020 Apr. Retrieved from: https://canadianwomen.org/blog/COVID-19-pandemic-gender-based-violence/.

9 Turcotte, M., & Hango, D. "Impact of economic consequences of COVID-19 on Canadians' social concerns". 2020. Statistics Canada.

10 LaRochelle-Côté S. & Uppal S. "The social and economic concerns of immigrants during the COVID-19 pandemic". StatCan COVID-19: Data to Insights for a Better Canada. 2020. Statistics Canada Catalogue no.45-28-0001.

11 Zero O, Geary M. "COVID-19 and intimate partner violence: a call to action". *Rhode Island Medical Journal*. 2020 Jun 1;103(5).

12 Fraser E."Impact of COVID-19 pandemic on violence against women and girls". UK Aid. 2020. Available at: www.sddirect.org.uk/media/1881/vawg-helpdesk-284-COVID-19-and-vawg.

13 Palermo T, Peterman A. "Undercounting, overcounting and the longevity of flawed estimates: statistics on sexual violence in conflict". *Bulletin of the World Health Organization*. 2011;89:924-5.

14 Peterman A, Potts A, O'Donnell M, Thompson K, Shah N, Oertelt-Prigione S, van Gelder N. "Pandemics and violence against women and children". Center for Global Development working paper. 2020 Apr 1;528.

15 Okeke-Ihejirika P, Yohani S, Muster J, Ndem A, Chambers T, Pow V. "A scoping review on intimate partner violence in Canada's immigrant communities". *Trauma, Violence, & Abuse*. 2018 vol. 21, 4: pp. 788-810.

16 Hyman I, Mason R, Guruge S, Berman H, Kanagaratnam P, Manuel L. "Perceptions of factors contributing to intimate partner violence among Sri Lankan Tamil immigrant women in Canada". *Health care for women international*. 2011 Sep 1;32(9):779-94.

17 Hyman I, Guruge S, Mason R. "The impact of migration on marital relationships: A study of Ethiopian immigrants in Toronto". *Journal of Comparative Family Studies*. 2008 May 1;39(2):149-63.

18 Social and economic factors were identified based on previous research on factors associated with IPV among immigrant women (see Hyman I, Forte T, Mont JD, Romans S, Cohen MM. "The association between length of stay in Canada and intimate partner violence among immigrant women". *American journal of public health*. 2006 Apr;96(4):654-9.

sample included 3,826 respondents 15+ years who self-identified as Canadian-born and 801 as immigrants.

FINDINGS

Table 1 illustrates that while the majority of the respondents were not at all or somewhat concerned about violence in the home, women and men who self-identified as immigrants were significantly more likely to report that they were very or extremely concerned (11.7%, 7.0%, Chi-square = 17.0, p <.000).

It is interesting to note, as reported in Table 2, that overall women and men who self-identified as immigrants were significantly more likely to be concerned about violence compared to Canadian-born respondents. Within the sub-group of women, the percentages were higher with a significant difference within the groups.

TABLE 1. SELF-REPORTED CONCERNS ABOUT VIOLENCE AT HOME (N=4,627)

Concerns about violence in the home (%)	Canadian-born women and men (N=3,826)	Immigrant women and men (N=801)	Chi-Square	p-value
Not at all or somewhat concerned	93.0%	88.3%		
Very or extremely concerned	7.0%	11.7%	$X^2 = 17.0$	$p < 0.000$

TABLE 2. SELF-REPORTED CONCERNS ABOUT VIOLENCE AT HOME WITHIN THE VERY TO EXTREMELY CONCERNED CATEGORY: SELF-REPORTED CANADIAN-BORN AND IMMIGRANT WOMEN AND MEN (N=345)

Concerns about violence in the home (%)	Canadian-born (N=220)	Immigrant (N=125)	Chi-Square	p- value
Women very or extremely concerned	9.1%	13.1%	$X^2 = 8.0$	$p < 0.005$
Men very or extremely concerned	4.9%	10.1%	$X^2 = 11.0$	$p < 0.001$

Table 3 illustrates significant associations between factors such as, age group, presence of children under 18 at home, reports of economic concerns, reports of family stress from confinement and difficulty maintaining social ties, with concerns about violence in the home.

DISCUSSION

While convergent with previous findings on concerns about violence in the home, the value added of this paper is that it sheds light on differential concerns about violence in the home as indicated by selected groups of women and men who self-reported as Canadian-born or not. More specifically, among women who self-identified as immigrants, social and economic contextual factors such as economic concerns and concerns about family stress and maintaining social ties, were strongly associated with concerns about violence in the home. These results are consistent with (Peterman et al. 2020) systematic literature review highlighting economic insecurity and poverty-related stress, and quarantines and social isolation as major pathways linking pandemics to family violence.

Our findings imply that structural changes aimed at improving immigrant women's employment participation and income security are crucial to consider during and post-COVID-19 to reduce the risk of violence and its associated deleterious

19 Peterman A, Potts A, O'Donnell M, Thompson K, Shah N, Oertelt-Prigione S, van Gelder N. "Pandemics and violence against women and children". *Center for Global Development working paper*. 2020 Apr 1;528.

TABLE 3. SOCIAL AND ECONOMIC CONTEXTUAL FACTORS ASSOCIATED WITH CONCERNS ABOUT VIOLENCE IN THE HOME AMONG IMMIGRANT WOMEN (N=390)

Factors	Women whom self-reported as immigrants (N=390)	Chi-Square	p-value
Age Group:			
15-24	5.0%	$X^2 = 13.4$	$P < 0.05$
25-34	20.6%		
35-44	16.1%		
45-54	11.7%		
55+	12.9%		
Education:			
< High school	12.7%	$X^2 = 0.947$	NS
Some college or trades	12.4%		
University degree	14.1%		
Children < 18 at home:			
Yes	15.0%	$X^2 = 5.0$	$P < 0.05$
No	11.2%		
Marital Status:			
Married	11.0%	$X^2 = 2.6$	NS
Single	14.3%		
Common-Law	27.8%		
Economic concerns:			
Little or None	9.5%	$X^2 = 4.7$	$P < 0.05$
Major or Moderate	21.2%		
Family stress from confinement:			
Little or None	3.4%	$X^2 = 51.7$	$P < 0.000$
Major or Moderate	31.3%		
Difficulty maintaining social ties:			
Little or None	7.3%	$X^2 = 18.0$	$P < 0.000$
Major or Moderate	20.3%		

consequences. It is well-documented that immigrant populations have been disproportionately affected by COVID-19 and that immigrant women, who are more likely to be precariously employed, are among the most economically vulnerable (Turcotte & Hango, 2020[20]; LaRochelle & Uppal, 2020[21]).

Pro-active and innovative responses are needed to identify and respond to the needs of women at risk of abuse who may be socially isolated at this time (Zero & Geary[22]; Van Gelder et al., 2020 [23]; vawlearning network[24]; Mason & Du Mont, 2020[25]). Selected reach-out strategies, such as social media campaigns and web-based applications, are currently being adapted and validated to better reach the cultural and linguistic diverse population of Canada (Viera et al., 2020[26]; Mason & Du Mont, 2020[27]). In addition, it is recommended that health literacy that goes beyond functional literacy and includes advocacy and the ability to navigate within the social and healthcare system, must be considered when developing health promotion and violence prevention interventions (Clarke and Vissandjée, 2019[28]; Paakkari & Okan, 2020[29]). Despite the fact that a number of resource centers and shelters have adapted their services from in-person to phone or online support, limited health literacy, coupled with communication challenges, selected groups of immigrant women who do not have access to Wi-Fi within their homes, to a telephone, a computer or even privacy, cannot benefit from these services.

DATA LIMITATIONS

The outcome of interest was "concerns about violence in the home," which, while different from experiences of violence or intimate partner violence per se, may be considered as a proxy measurement for these complex experiences. The sample size for respondents who identified as immigrants was smaller than that of the Canadian-born population, thus limiting statistical analyses. Important variables of interest to understanding the experiences of migrant populations such as the status of immigration at the moment of entry, how and when this status changes, if the immigrant was a refugee or an asylum seeker and number of months/years in the new country, were not available in the Canadian Perspectives Survey Series (CPSS).

CONCLUSIONS

COVID-19 has proven to be a vector in deepening economic and social inequalities. While immigration is not in itself a risk factor for IPV, migration trajectories intersect with sex, gender and other social determinants of health to increase immigrant women's vulnerability to health inequalities and IPV (Vissandjée et al. 2010[30]; Hyman and Vissandjée, 2020[31]; Clarke & Vissandjée, 2019[32]). There is an urgent need to

20 Turcotte, M., & Hango, D. "Impact of economic consequences of COVID-19 on Canadians' social concerns". 2020. Statistics Canada.

21 LaRochelle-Côté S. & Uppal S. "The social and economic concerns of immigrants during the COVID-19 pandemic". StatCan COVID-19: Data to Insights for a Better Canada. 2020. Statistics Canada Catalogue no.45-28-0001.

22 Zero O, Geary M. "COVID-19 and intimate partner violence: a call to action". *Rhode Island Medical Journal*. 2020 Jun 1;103(5).

23 Van Gelder N, et al. "COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence". *EClinicalMedicine*. 2020;21.

24 "COVID-19 & Gender-Based Violence In Canada: Key Issues and Recommendations". 2020. Available at: vawlearningnetwork.caawlearningnetwork.ca.

25 DuMont J, Mason R. "Addressing a Global Pandemic within a Global Pandemic". *Canadian Science Policy Centre*. 2020. Retrieved from: https://sciencepolicy.ca/news/addressing-global-pandemic-within-global-pandemic.

26 Vieira CM, Franco OH, Restrepo CG, Abel T. "COVID-19: The forgotten priorities of the pandemic". *Maturitas*. 2020 Apr 14.

27 DuMont J, Mason R. "Addressing a Global Pandemic within a Global Pandemic". *Canadian Science Policy Centre*. 2020. Retrieved from: https://sciencepolicy.ca/news/addressing-global-pandemic-within-global-pandemic.

28 Clark, N., & Vissandjée, B. (2019). "Exploring intersectionality as a policy tool for gender based policy analysis: Implications for language and health literacy as key determinants of integration". In O. Hankivsky & J. Jordan-Zachery (Eds.), *The Palgrave handbook of intersectionality in public policy* (pp. 603-623). Palgrave Macmillan.

29 Paakkari L, Okan O. "COVID-19: Health literacy is an underestimated problem". *The Lancet Public Healt*h. 2020 May 1;5(5):e249-50.

30 Vissandjée, B. & Battaglini, A. "*Santé des femmes : À la croisée des questions de genre, ethnicité et migration*". In A. Battaglini (Ed.), *Santé et services sociaux de première ligne en milieu pluriethnique* (p. 277-292). Anjou, Québec : Éditions Saint-Martin. 2010.

31 Vissandjee B., Hyman, I. Immigrant Women. In: Morrow, M., Hankivsky, O., & Varcoe, C. "Women's health in canada: critical perspectives on theory and policy". Toronto: University of Toronto. In press.

32 Clark, N., & Vissandjée, B. (2019). "Exploring intersectionality as a policy tool for gender based policy analysis: Implications for language and health literacy as key determinants of integration". In O. Hankivsky & J. Jordan-Zachery (Eds.), *The Palgrave handbook of intersectionality in public policy* (pp. 603-623). Palgrave Macmillan.

incorporate variables capturing gender beyond looking at differences between women and men as well as factors which would help depict the complexities of migration trajectories into large datasets.

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