

Engender Briefing: Women and COVID-19

ABOUT THIS BRIEFING

Engender is Scotland's feminist policy and advocacy organisation. Our vision is for a Scotland where women have political, economic and social equality with men, and access to resources, safety and decision making on the same basis.

The COVID-19 global pandemic represents an unprecedented situation and the responses and aftereffects will have **long-term consequences for everybody in Scotland, notably for women and women's equality**. These include risks to the ongoing work Scotland is doing to realise a more equal Scotland for women and men. It is vital that these programmes and the progress they will realise are not lost. Equally, women's needs and realities need to be well-integrated in the urgent responses to this crisis.

The evidence from previous pandemics tells us that gender equality measures and action plans are vital components of an effective response. Women's inequality around the world exacerbates their vulnerability to not only catching the virus, but the social and economic burdens of our collective response. When the safety nets put in place by the state are stretched to breaking point, it is women that are hit the hardest,¹ and this health crisis is highlighting gaps in UK social and economic policy in an unprecedented way. **This briefing explores some of the ways in which the differences between men's and women's lives play in to COVID-19, and describes critical issues that Scottish Government and parliamentarians should include in their thinking about crisis response, and medium-run mitigation programmes and spend.**²

The information in this briefing refers to the situation up to 26th March 2020. We are still in the early days of this crisis and the thinking continues to develop at pace, with new Scottish specific and UK-wide measures announced daily. Engender will continue to monitor events and look to supplement this briefing as necessary.

¹ Engender (2016) *Securing women's futures: using Scotland's social security powers to close the gender equality gap* Available at: <https://www.engender.org.uk/content/publications/Securing-Womens-Futures---using-Scotlands-new-social-security-powers-to-close-the-gender-equality-gap.pdf>

² The European Women's Lobby (2020) *Women must not pay the price for COVID-19: Putting equality between women and men at the heart of the response to COVID-19 across Europe* Available at: https://www.womenlobby.org/Women-must-not-pay-the-price-for-COVID-19-Putting-equality-between-women-and?var_mode=calcul

WOMEN AND COVID-19

1. Why we need gender competence in the crisis management

Responses to global crises cannot afford to ignore the differences between men's and women's lives. **Taking a gendered approach can mitigate the negative health, economic and social consequences of this pandemic for women.** Women's relative economic, political and social inequality manifests in highly relevant differences to daily life, including:

- women's likelihood of providing care to children, disabled people or older people;
- women being more likely to be working for low pay in retail, caring, catering, or cleaning jobs;
- women's experience of men's violence, including domestic abuse and commercial sexual exploitation; and
- women being less likely to be in leadership, including as elected members or senior leadership in public bodies.

These different roles and life experiences place them at an increased risk of catching or spreading COVID-19 and increased risk of facing financial and physical insecurity. It is vital that the institutions crafting interventions that respond to COVID-19 have the gender competence at strategic and decision-making levels, in order to pay attention to these critical gendered needs.

Women and leadership

While Scotland has women in the key decision-making roles at Scottish Government level (the First Minister, the Health Secretary and the Chief Medical Officer), UK-wide and globally this is an anomaly. The lack of broader women's representation may have serious impacts for women as the crisis unfolds. For example, women hold 30.4% of health service chief roles, while 77% of the overall NHS Scotland workforce are women.³ There is clear evidence from agencies working on disaster and crisis response that equality is only considered when marginalised groups are able to participate in emergency response planning.⁴

Gender mainstreaming

There is an urgent need to integrate gender perspectives and women's needs into response measures, or the COVID-19 crisis will exacerbate already existing inequality. International organisations and women's NGOs are increasingly calling attention to

³ Engender (2020) *Sex and Power in Scotland 2020* Available at:

<https://www.engender.org.uk/content/publications/Engenders-Sex-and-Power-2020.pdf>

⁴ Hoffman, Sharona (2008) *Preparing for disaster: Protecting the most vulnerable in emergencies* UC Davis Law Review 42:1491

the gendered nature of the COVID-19 outbreak. The European Women’s Lobby has issued a statement calling for a gender mainstreamed strategy as part of the EU response and the United Nations Population Fund has published COVID-19: A Gender Lens.⁵ However, this has yet to have any discernible influence on the measures states are taking, with some limited exceptions such as the Italian Women’s Entrepreneurship Fund (see section 5).

States must develop gender competence within government at every level to ensure that measures adequately consider women’s needs. As part of this work, they must quickly learn lessons from other epidemics - including SARS, MERS, Ebola, and Zika – about the distorting effects on women’s equality that occur for many years after the crisis is over. **Engender also believes that emergency legislation passed responding to COVID-19 should include a duty to set out how measures pursued affect women and men and women’s equality.**

2. Women, health and healthcare

COVID-19’s disease trajectory

The COVID-19 pandemic is a fast-moving situation. The clinical evidence remains uncertain and it is difficult to draw any firm conclusions about the trajectory of the disease as it affects men and women. **However, it is already known that disease outbreak affects men and women differently.**

We currently know that COVID-19 is of particular risk to older people and those with underlying conditions. We also know that women are more likely to fall into these groups from other sources – women are a larger proportion of older people,⁶ and more women than men in Scotland live with a long-term health condition.⁷

Sex disaggregation of data as it emerges from testing and treatment should be prioritised, but this will largely influence responses in the immediate clinical setting, and longer-term policies only once we have that analysis. The lack of data to-date concerning symptoms, disease trajectory and outcomes should not be a barrier to gender competent⁸ strategies. Gender is a key determinant of health beyond sex-specific conditions and disease trajectories.⁹ Women are less likely to receive

⁵ United Nations Population Fund (2020) *Covid-19: A Gender Lens Technical Brief Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality* Available at: https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf

⁶ World Health Organisation, Aging <https://www.who.int/nutrition/topics/ageing/en/> Last accessed on: 26.03.20

⁷ The Scottish Government (2018) *Scottish Health Survey*. Available at:

<https://www2.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey>

⁸ Gender competence refers to the skills, knowledge and analytical capability to develop statistics, data, policy, or programmes that are well-gendered; that take account of the socially constructed difference between men’s and women’s lives and experiences.

⁹ Hawkes, Sarah, and Kent Buse (2013) *Gender and global health: evidence, policy, and inconvenient truths* The Lancet 381.9879: 1783-1787

treatment generally, as women's pain and diagnosis is treated differently to that of men.¹⁰ Women are more likely than men to seek out medical advice, but this is not reflected in their health outcomes.¹¹

The responses we develop in the face of outbreaks such as this can themselves exacerbate gender inequality through attitudes, practices, and gendered expectations placed on people of both sexes in relation to health behaviours or how we reprioritise other health and care services. Research also shows that health provision has routinely failed to decouple women's health from sexual and reproductive health, and in other cases of novel disease outbreaks, this has had a serious consequence for women's diagnosis and treatment as well as gender equality and women's rights, for example delayed treatment of non-reproductive health concerns.¹²

Other aspects of health

However, it is also true that the diversion of resources in response to emergencies such as those anticipated with COVID-19 may diminish those available for important actions connected to women's health.¹³ **Staffing and resourcing of maternity and reproductive health units** is a key concern for women regardless of but particularly during the uncertainty of the pandemic, and without adequate resources to support women their health may be put at risk.

The Guttmacher Institute has raised further concerns about the **risks to supply chains of medicines and contraceptives** and the redistribution of key medical staff.¹⁴ In response to these concerns, the UK Government indicated that it had **relaxed the rules around Early Medical Abortion at Home** to enable abortion services to be procured via tele and video conference tools and medicines that terminate a pregnancy to be taken entirely at home. However, it now appears that UK Government, for reasons that are not clear¹⁵.

¹⁰ United Nations Population Fund (2020) *Covid-19: A Gender Lens Technical Brief Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality* Available at: <https://www.unfpa.org/resources/covid-19-gender-lens>

¹¹ Wang, Y., et al. (2013) *Do men consult less than women? An analysis of routinely collected UK general practice data* British Medical Journal Open 3:e003320.

¹² Davies, Sara E., and Belinda Bennett (2016) *A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies* International Affairs 92.5 1041-1060.

¹³ Smith, Julia *Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response* Gender & Development 27.2 (2019): 355-369.

¹⁴ Ahmed, Zara and Adam Sonfield (March 2020) *The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights* Guttmacher Institute. Available at: <https://www.guttmacher.org/article/2020/03/covid-19-outbreak-potential-fallout-sexual-and-reproductive-health-and-rights>

¹⁵ Sophie Gallagher (March 2020) *Coronavirus: Department of Health says temporary changes to abortion law were 'published in error'* The Independent. Available at: <https://www.independent.co.uk/life-style/health-and-families/coronavirus-abortion-law-change-department-of-health-a9420116.html>

The Scottish Government should ensure that women have access to vital abortion healthcare during this period, as unwarranted delay may cause harm to women and place additional strain on health services that are stretched to the limit. It must also be borne in mind, as UK citizens enter a state of 'lockdown' in their households, that there is a risk of contraceptive sabotage and forced pregnancy where women are experiencing domestic abuse (see section 7).

As there is such limited evidence available about the effects of COVID-19 on pregnancy and maternal health, pregnant women have been advised to respond with extreme caution.¹⁶ Some hospitals around the world have begun restrictions which stop women having their partner with them during delivery.¹⁷ As maternity is already a potentially isolating time, cutting women off from support including friends and family with their own aggravated risk, this must be **prioritised as part of Scotland's focus on maternal mental health in the mental health strategy.**

Healthcare workers

Data is not yet available, but there are clear risks that women's position in the labour market may increase their exposure to COVID-19, as women represent a significant majority of frontline workers in social care, education and health care. Data from the Ebola crisis in West Africa did find an increased rate of exposure to Ebola, attributed largely to women's social and economic roles.¹⁸ Women are also more likely to rely on public transport, and to take less direct journey patterns, with public transport use noted as an aggravating risk factor.

As women constitute a majority of health and social care staff, the unfolding of this crisis will have acute consequences for them. Reports that staff lack necessary PPE are deeply concerning, and put more women at risk of catching the virus.¹⁹ Care organisations and carers also highlight the comparative lack of focus on social care workers in the public discourse, and urge decision-makers to address this. **Access to testing for health and social care staff is a vital part of ensuring the safety of staff in the NHS and social care systems, and must be an urgent priority.**

¹⁶ Scottish Government Advice on 16 March 2020 (<https://www.gov.scot/news/people-advised-to-limit-social-contact/>); Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and Royal College of Paediatrics and Child Health, with input from the Royal College of Anaesthetists, the Obstetric Anaesthetists' Association, Public Health England and Health Protection Scotland

Coronavirus infection and pregnancy (<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>)

¹⁷Stephanie Höppner (March 2020) *Coronavirus: No fathers allowed in delivery rooms* Deutsche Welle. Available at: <https://www.dw.com/en/coronavirus-no-fathers-allowed-in-delivery-rooms/a-52893768>

¹⁸ Reuters (Jan 2019) *More women catch Ebola in Congo in 'unexpected' twist of gender roles* Available at: <https://www.reuters.com/article/us-health-ebola-congo/more-women-catch-ebola-in-congo-in-unexpected-twist-of-gender-roles-idUSKCN1PB1XZ>

¹⁹ Royal College of Nursing (March 2020) *Nurse leader calls on First Minister to intervene on protective equipment supply* Available at: <https://www.rcn.org.uk/news-and-events/news/rcn-writes-to-fm-re-ppe-23-mar-2020>

3. Disproportionate childcare roles and social security

The gendered allocation of childcare sees women continue to provide the majority of primary care for children.²⁰ A report from the UN estimates that women do 2.6 times as much unpaid caregiving and domestic work as their heterosexual partners. Many of these workers will increasingly be affected by school closures, and requirements to balance paid work with increasing childcare and providing support to their children's learning. Additionally, 90% of lone parents are women. **Lone parents will be particularly impacted by school closures**, making it even more difficult to either work from home or to find work. Alternatives such as grandparent care or paid childcare are unlikely to be available as a result of the requirement for social distancing.

Employers must recognise these demands with increased flexibility, and not mandate that employees take unpaid leave or leave their jobs. **Parental and carers leave must be capable of supporting employees to manage the unprecedented challenge of balancing paid work and care during this time.** As both men and women in heterosexual couples find themselves required to stay home, this is a moment when a more equitable division of domestic and reproductive labour might be achieved.

The social security system in the UK is not capable of this task. Universal Credit entrenches a “male-breadwinner-female-carer” model with many features of its design, including its single household payment.²¹ Our vision is for all women to have equal access to economic independence and men to carry equal responsibility for care. **Engender is concerned that inadequate employee support for flexible working and caregiving, including support for the self-employed, will lead many women to give up work during the pandemic, and force them into the social security system which isolates them further from economic independence.** Additional impacts of the five-week wait for Universal Credit and the benefit cap will force hardship on many families, and must be addressed urgently.

We are especially concerned that the impact of the ‘two-child limit’ will be keenly felt and force poverty on many women and their children. The circumstances of the pandemic demonstrate acutely that the idea that women and their partners can foresee all possible circumstances in planning for their families – even presuming conception can be perfectly controlled – is nonsensical. **The UK Government must take this moment to scrap the two-child limit for social security across the UK.**

²⁰ Alakeson, Vidhya (2012) *The price of motherhood: women and part-time work* Resolution Foundation. Available at: <https://www.resolutionfoundation.org/publications/price-motherhood-women-part-time-work/>

²¹ Engender (2016) *Gender Matters in Social Security: Individual Payments of Universal Credit* Available at: <https://www.engender.org.uk/content/publications/Gender-matters-in-social-security---individual-payments-of-universal-credit.pdf>

4. Women as providers of social care

Between 59% and 70% of unpaid care is delivered by women in Scotland, worth approximately £10.8 billion to the economy per annum,²² and women are twice as likely to give up work to carry out unpaid care.²³ **Scotland's social care system is already operating at crisis levels, with decades of underfunding and widespread under-staffing failing to meet existing demand.** Staff in social care are poorly paid, while income for unpaid carers through Carer's Allowance is just £66.15 per week (plus the twice yearly £221 supplement in Scotland).

As we outlined above, carers are at an acute risk of becoming unwell themselves as frontline workers. Additionally, it has already been recognised that there could be a serious knock on effect for women in these key industries from **school closures, which will further reduce staff presence at an acute period of demand.** This has serious consequences for wellbeing – during the SARS outbreak nurses reporting immense personal costs and pressures due to feeling “sandwiched” between personal and professional responsibilities.²⁴ This must be borne in mind during the immediate and long-term planning for Scotland's responses.

Services are already so stretched that, if unpaid carers are unable to provide the care they routinely do, the social care system may collapse. This will put disabled people at serious risk of harm beyond the immediate concerns around COVID-19 itself. This represents a **considerable source of stress for carers and the families of disabled people as well as disabled people themselves,**²⁵ which in turn has negative impacts on physical and mental health. It is vital that additional resource and planning in social care is an immediate priority and that carers receive the support that they need during long periods of uncertainty and isolation. Public messaging about COVID-19 has not so far taken account of carers' needs, and carers have been very uncertain about what support is in place for them to access protective personal equipment, food, prescriptions, and routine healthcare.

The Scottish Government has asked local authorities to increase social care support and agreed to cover the additional costs to increase support and staff capacity.²⁶ **However, the number of vacancies in the sector raises serious questions about the ability of councils to source additional, trained and appropriate staff.** Suggestions

²² Carers UK (2015) *Valuing carers 2015* Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

²³ Skills for Care (2012) *Carers Matters – Everybody's business* Available at: <https://www.skillsforcare.org.uk/Document-library/Skills/Carers/Partthree.pdf>

²⁴ Holroyd, E., and C. McNaught (2008) *The SARS crisis: reflections of Hong Kong nurses* International nursing review 55.1 Pages 27-33.

²⁵ Scottish Care (March 2020) *A thought piece on Coronavirus from our CEO Donald Macaskill* Available at: <http://scottishcare.org/i-dont-know-what-people-are-worrying-about-its-just-going-to-kill-the-old-folks-a-thought-piece-on-coronavirus-from-our-ceo-donald-macaskill>

²⁶ Scottish Government (March 2020) *Social care at heart of response to coronavirus (COVID-19)* Available at: <https://www.gov.scot/news/social-care-at-heart-of-response-to-coronavirus/>

that retired health and social care workers can easily return to work puts at risk many women from vulnerable groups, who would otherwise be self-isolating or social distancing.

We must urgently provide carers with sufficient incomes to alleviate the immediate pressures of work and support people in vulnerable groups to self-isolate through **increases in carers allowance and sick pay to reduce the stress of balancing work and unpaid care and the associated risks of exposure**. Every effort to **strengthen and support the already over-burdened workforce in the immediate term** must be considered. However, the COVID-19 crisis also demonstrates the urgent need to reprioritise social care service and make changes to ensure its proper funding in future.²⁷

5. Women and the economy

Financial inequality and insecurity

Women's experience of the labour market is a key driver of women's economic inequality. Women in Scotland continue to have lower access to resources and economic security than men. The experience of the period of austerity in the UK and further afield has demonstrated starkly the extent to which women face a double whammy of reliance on state entitlements and public services; women are twice as likely to rely on social security payments as part of their incomes as men. When cuts are brought forward, women and their dependent children suffer most – analysis from the House of Commons library shows that 86% of cuts over the decade of austerity have come from women's incomes.

Scotland's gender pay gap remains 13.3%.²⁸ Women are significantly over-represented in part-time and insecure work, which gives them increased exposure to economic shocks. Furthermore, women are over-represented in industries at risk of contraction during COVID-19: tourism, retail, services, and hospitality. Many women working in paid roles such as childcare, domestic cleaning, and hospitality are likely to be self-employed. Increasing numbers of women in the social care workforce are also self-employed and have no access to statutory sick pay and other employment rights. They will therefore be significantly economically affected by measures to contain the spread of the virus.

Women, including those on maternity leave, must not see their financial security undermined during this period. Italy has adopted specific measures to support women's jobs, including a dedicated fund for women's entrepreneurship; increased

²⁷ BBC Women's Hour 18 March 2020 Available at: <https://www.bbc.co.uk/sounds/play/m000gbf1>

²⁸ Close the Gap (2020) *Working Paper 21: Gender Pay Gap Statistics* Available at: <https://www.closesthegap.org.uk/content/resources/Working-Paper-21-Gender-Pay-Gap-statistics-2019.pdf>

parental leave for families affected by school closures; babysitting vouchers where childcare outside the home is possible; and additional paid leave for carers.²⁹

Sickness and absence may exacerbate poverty

The UK and Scottish Governments must explore all possible measures to alleviate the financial distress of people self-isolating. Statutory sick pay of £95 per week is insufficient to meet household needs and will have particular consequences for lone parents, and other groups of women who are economically disadvantaged, including BME women and disabled women. Women are also more likely to be ineligible for statutory sick pay at all, due to the number of hours that they work or job insecurity.³⁰ Government funding through the employee retention scheme to pay 80% of furloughed employee wages are extremely welcome, but come after significant redundancies and staff asked to take unpaid leave or use holiday to fund periods of self-isolation. There is also a gap in support for self-employed people, which includes many women who are working in the gig economy.

Poverty has an impact on women's health. Women tend to do more household budgeting and management than men, and evidence from the experience of social security shows that women typically act as 'poverty managers', going without food and other vital resources so that other family members do not.³¹ Women's access to safe and secure housing remains weak.³² The economic and social shocks of the COVID-19 pandemic put women at an increased risk of homelessness and insecure or unsuitable housing, especially if earnings are disrupted for many months and there is no suspension of evictions and/or rent holidays.

The UK Government has published a list of workers the state has recognised as priority roles, many of which are those dominated by women – supermarket workers, nurses, carers, teachers and childcare.³³ Many are also reliant on the work of migrant women in particular,³⁴ on salaries that fall far below those demanded for entry as part of the

²⁹ Decree-Law no. 18 "Cura Italia" 17 March 2020, for more information see: <http://www.andersentaxlegal.it/en/decree-law-cura-italia-provisions-for-families-and-businesses/>

³⁰ UK Women's Budget Group (March 2020) *Covid-19 Crisis: Questions for the Chancellor* Available at: <https://wbg.org.uk/blog/covid-19-crisis-questions-for-the-chancellor/>

³¹ Engender (2016) *Securing women's futures: using Scotland's social security powers to close the gender equality gap* Available at: <https://www.engender.org.uk/content/publications/Securing-Womens-Futures---using-Scotlands-new-social-security-powers-to-close-the-gender-equality-gap.pdf>

³² Engender (2020) *A Woman's Place: Gender, Housing and Homelessness in Scotland* Available at: <https://www.engender.org.uk/content/publications/A-WOMANS-PLACE---GENDER-HOUSING-AND-HOMELESSNESS-IN-SCOTLAND.pdf>

³³ UK Government (March 2020) *Guidance for schools, childcare providers, colleges and local authorities in England on maintaining educational provision* Available at: <https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>

³⁴ Independent Age (2015) *Moved to care: the impact of migration on the adult social care workforce* Available at: https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2016-05/IA%20Moved%20to%20care%20report_12%2011%2015.pdf

post-Brexit immigration system.³⁵ There must be an urgent reevaluation of this work and its remuneration which recognises that it is critical to our wellbeing as a nation and functioning as a society.

6. Women and mental health

With prolonged and indefinite periods of social distancing, isolation and quarantine, Scotland is likely to see significant increases in mental health issues and negative mental wellbeing reported during and after the initial crisis period.

Household management is highly gendered, with women continuing to undertake the majority of daily planning, preparing food, housework, budgeting and shopping. Time use studies show that women are still doing a majority of domestic labour and that women have considerably less leisure time than men. With families spending vastly more time at home, the burden of domesticity is likely to increase and disproportionately fall on women rather than men. Where women lone parents are concerned, the responsibilities of domestic work and childcare work will be even further concentrated. Combined with isolation and lack of support networks, there are long term and highly gendered consequences for women's equality once restrictions are lifted.³⁶

We have also increasingly seen reports of NHS and other key workers moving away from their families to reduce the risk of spreading the virus into the community. Separation from children and other family members is likely to add to stress and trauma of those key workers.

Mental health experiences differ between men and women, with more women suffering from anxiety, and depression in women highly increased amongst those with caring responsibilities.³⁷ Both are likely to be exacerbated by uncertainty, fear and long periods of isolation. Additionally, women providing care in home and clinical settings seem highly likely to be exposed to trauma, depression and poor wellbeing during and post crisis. With pregnant women and new mothers isolated from familial support networks, the Scottish Government's work to tackle maternal mental health will be even more vital and must be expanded.

³⁵ Jenna Norman (March 2020) *Key Workers' Are The Unrecognised Backbone Of Our Economy. They Deserve More* Huffington Post. Available at: https://www.huffingtonpost.co.uk/entry/coronavirus-economy-women-care-key-workers_uk_5e74d095c5b6f5b7c542bc34?8o4

³⁶ Lucia Graves (March 2020) *Women's domestic burden just got heavier with the coronavirus* Available at: <https://www.theguardian.com/us-news/2020/mar/16/womens-coronavirus-domestic-burden>

³⁷ The Mental Health Foundation *Women and Mental Health'* <https://www.mentalhealth.org.uk/a-to-z/w/women-and-mental-health> Accessed on 26.3.20

7. Men's violence against women and women's safety

Domestic abuse

It is of serious concern to us that periods of isolation and social distancing may exacerbate women's experiences of domestic abuse, effectively trapping them in unsafe situations with limited access to vital support and escape. Coercive control may intensify if women are 'locked down' inside the home with their abuser and without regular interaction with any other people. Early reports from the lockdown in China suggest that reported cases of domestic abuse were three times higher in one local authority, although we acknowledge differences in how domestic abuse is understood and measured in different states.³⁸

All over the world, violence against women services are having to radically change the delivery of vital support and need to be supported to do so, as well as to deal with long-term consequences of isolation and increased numbers of victim-survivors coming to them after the period(s) of isolation ends.³⁹ In Scotland we are aware that funding for women's aid has become more precarious as refugees adopt social distancing and isolation protocols, some local authorities have not designated support workers as key workers, and lockdown limits the services that are available to provide deep cleaning in between women staying in refuge. There are also concerns about COVID-19 providing a pretext to perpetrators with shared contact arrangements to refuse to allow their child or children to return to their mother.

Interactions with health and education are typically crucial in identifying suspect cases, and these services will have seriously limited interaction with victims. In Spain, a system is developing where women experiencing gender-based violence while under national lockdown can alert their local pharmacy, as pharmacies are one of the few places able to open.⁴⁰ Once a woman makes this alert, pharmacists can alert police authorities to the situation. **We suggest that all emergency responses in Scotland are planned in partnership with Scottish Women's Aid.**

Economic abuse is a common element of domestic abuse, and isolating women in homes with perpetrators could see women's already compromised capacity to work during this period constrained by a partner. Women could also be prevented from accessing state financial support.⁴¹ Engender has long noted the risk that the single

³⁸ BBC 'Coronavirus: Five ways virus upheaval is hitting women in Asia' cites Feng Yuan, the director of Beijing-based women's rights non-profit Weiping, who said the organisation had received three times as many inquiries from victims than they did before quarantines were in place. Available at: <https://www.bbc.co.uk/news/world-asia-51705199>

³⁹ Karin Goodwin (March 2020) 'We need new ways to protect women from violence during pandemic' The National. Available at: <https://www.thenational.scot/news/18324725.need-new-ways-protect-women-violence-pandemic/>

⁴⁰ See more information at: <https://www3.gobiernodecanarias.org/noticias/las-mujeres-victimas-de-violencia-de-genero-podran-dar-una-alerta-en-clave-en-las-farmacias-de-las-islas/> (In Spanish)

⁴¹ Surviving Economic Abuse (2020) *Economic abuse and the coronavirus (COVID-19) outbreak* Available at: https://survivingeconomicabuse.org/wp-content/uploads/2020/03/Economic-abuse-and-the-coronavirus-outbreak-1.pdf?mc_cid=f920fb175a&mc_eid=1a1abc300f

household payment of Universal Credit places on women experiencing domestic abuse, in that finances can more easily be controlled by an abusive partner.

With many more people likely to depend on Universal Credit, women are at further risk of increased economic dependency and abuse. **The UK Government must ensure that individualised financial support is available to everybody effected by the crisis on an equal basis.** Refugee and asylum-seeking women, and those with no recourse to public funds must be protected and able to access resources to keep them from destitution.

Women who sell sex are also at an even greater risk of harm during the epidemic, and urgently need appropriately funded intervention to ensure that they have an adequate standard of income and access to healthcare services.

Women and access to justice

Scottish Courts have announced that there will be no new criminal cases commenced or new juries empanelled until further notice. While part of necessary public health measures, this will additionally have substantial consequences for victim-survivors of all forms of gender-based violence awaiting court processes. This will have significant impacts on the mental health of women as processes are delayed by many months, including depression, anxiety, and retraumatisation. It also raises safety concerns that must be considered. **We urge justice decision-makers to consider bold options to avoid further impediments to women's access to justice, including jury-less trials in the instance of rape and serious sexual assault** as other jurisdictions have adopted.

Women's safety

We are also concerned about the risks to women in prisons and detention centres, which are severely over-crowded and not suitable for social distancing practices or isolation. The vast majority of these women are not a risk to public safety, sentenced for non-violent offences or held for immigration purposes. **These women should be released in order to manage the health of them and those who must remain in the prison services,** with adequate shelter or housing guaranteed while the public health crisis continues.

RECOMMENDATIONS

Engender is clear that state measures explored in responses to COVID-19 must urgently consider women's lives and risk factors. The World Health Organisation (WHO) has stated that "Countries must take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimise impact".⁴²

We are therefore calling for measures which:

Prioritise gender into crisis management

- Emergency Legislation should include a duty on decision makers to issue a statement on the impacts of measures on women and men and women's equality.
- Ensure that crisis response planning teams include gender competence within their skills mix, and that the critical differences between men and women's lives is factored into all decision-making.

Uphold healthcare for women

- Data collection must be disaggregated by sex in clinical and non-clinical settings so that we can respond effectively to women's needs.
- Access to abortion must be a priority so that women can access this with as few barriers as possible including allowing for remote video appointments and prescribing, and for medication to terminate a pregnancy to be taken entirely at home.
- Reproductive and maternity services must be provided with the necessary staffing resources to keep women safe and well-supported.
- Women's mental health must be a priority matter as part of crisis and post-crisis work under the mental health strategy, including but not only maternal mental health.
- Release women detained in prison services or detention centres where they are not held as a result of violent offences to manage the health of all.
- The Scottish Government must ensure access to COVID-19 testing for health and social care staff.

Strengthen paid and unpaid social care

- Carer's Allowance should be increased to the levels of the living wage equivalent per week;

⁴² WHO Director-General's opening remarks at the media briefing on COVID-19 on 11 March 2020. Available at: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

- All workers in health and social care must be with sufficient personal protective equipment, and equipment should be appropriate for women's physical characteristics.

Enhance women's economic position

- The UK Government should ensure Statutory Sick Pay is paid at the rate of the Living Wage (at minimum), and eligible to all workers regardless of hours worked and time employed.
- Split payment of Universal Credit should be introduced and any emergency funds introduced should be paid at individual and not household levels.
- The UK Government must make immediate changes to Universal Credit to eliminate the five-week wait and two child limit.

Protect women experiencing gender-based violence

- Develop protocols to prevent domestic abuse and other forms of gender-based violence and respond to an increase in reporting in association with Scottish Women's Aid.
- Provide additional funding for violence against women organisations, which enables them to explore new ways of providing support both during and after the immediate crisis.
- Explore innovative options to protect women's access to justice, including jury-less trials in the instance of rape and serious sexual assault.

FOR FURTHER INFORMATION

Contact: Eilidh Dickson, Policy and Parliamentary Manager, Engender

Email: eilidh.dickson@engender.org.uk

ABOUT US

Engender is a membership organisation working on feminist agendas in Scotland and Europe, to increase women's power and influence and to make visible the impact of sexism on women, men and society. We provide support to individuals, organisations and institutions who seek to achieve gender equality and justice.