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Perspectives

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Finding opportunity in the COVID-19 crisis: prioritizing gender in the design of social protection policies

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Summary

The COVID-19 pandemic is highlighting the harm perpetuated by gender-blind programs for marginalized citizens, including sexual and gender minorities (SGMs) and cisgender women. Gender-blind programs are known to augment harms associated with violence and structural stigmatization by reinforcing rather than challenging unequal systems of power. The intersecting marginalization of these populations with systems of class, race, and settler-colonialism is exacerbating the impact that policies such as physical distancing, school closures, and a realignment of healthcare priorities are having on the wellbeing of these populations. The overarching reasons why women and SGM are marginalized are well known and stem from a hegemonic, patriarchal system that fails to fully integrate these groups into planning and decision making regarding public health programming—including the response to COVID-19. In this perspective, we aim to highlight how the exclusion of cisgender women and SGM, and failure to use a gender redistributive/transformative approach, has (i) hampered the recovery from the pandemic and (ii) further entrenched the existing power structures that lead to the marginalization of these groups. We also argue that COVID-19 represents a once-in-a-century opportunity to realign priorities regarding health promotion for cisgender women and SGM by using gender redistributive/transformative approaches to the recovery from the pandemic. We apply this framework, which aims to challenge the existing power structures and distribution of resources, to exemplars from programs in health, housing, employment, and incarceration to envision how a gender redistributive/transformative approach could harness the COVID-19 recovery to advance health equity for cisgender women and SGM.

Key words: COVID-19, housing, employment, incarceration, gender redistributive/ transformative policy

INTRODUCTION

The novel coronavirus (SARS-CoV-2/COVID-19) pandemic is raising attention to existing inequities faced by marginalized groups globally. For many, inequities rooted in systemic stigmatization, oppression, and discrimination have been amplified as a result of COVID-19 and the policies enacted for its mitigation (Boyd, 2020; Douglas *et al.*, 2020; Perri *et al.*, 2020). Although people at the intersections of marginalized identities have experienced significant challenges due to COVID-19, cisgender women (We understand that 'women' includes both cisgender and transgender women and that the language surrounding gender is itself problematic. For brevity, we use the term "women" to refer to all women—both cis- and transgender—unless otherwise stated.) and sexual and gender minorities (SGMs) are experiencing specific challenges that threaten to last much longer than the pandemic itself. Intersecting factors of marginalization increases the impact that policies such as physical distancing, school closures, and a realignment of healthcare priorities have on the health and wellbeing of these populations (Boyd, 2020; Douglas *et al.*, 2020).

The underlying reasons for the historical marginalization of women and SGM stem from a hegemonic, patriarchal system that fails to fully integrate these groups into planning and decision making regarding public health programming (Phelan, Link, and Tehranifar 2010; Hogan *et al.*, 2018). This lack of focus on gender as an instrumental construct in the development of public health programs and policies is well documented (Frye *et al.*, 2008). Too often, programs are developed without considering gender or using what are referred to as harmful or gender-blind frameworks, which 'ignore socially determined roles, responsibilities and capabilities of men and women' [(March *et al.*, 1999), p. 27; Robinson, Eckhoff, and Quay , 2019].

Even when gender is considered in the planning of public health programming, it often does so in a way that fails to challenge the existing power dynamics that underlie the marginalization of women and SGM (March *et al.*, 1999; Robinson *et al.*, 2019). These programs fall into a category of being neutral, sensitive, specific, or responsive, which reflect programming or policies that attempt to meet unique gendered needs, within existing resource structures (March *et al.*, 1999, p. 21; Robinson *et al.*, 2019). Although an improvement over gender-blind or harmful frameworks, these programs continue to exacerbate marginalization of women and SGM (March *et al.*, 1999; Robinson *et al.*, 2019).

Conversely, gender redistributive/transformative frameworks challenge existing power structures by integrating rigorous gender analyses and evaluation that aims to change existing norms (March *et al.*, 1999; Robsinson *et al.*, 2019; Morse and Anderson, 2020). Despite calls for the inclusion of these frameworks in the development of programs and in the overall construction of systems (March *et al.*, 1999; Robsinson *et al.*, 2019; Morse and Anderson, 2020), there has been limited action to mandate this especially in the Global North. By failing to tailor programs using these lens and implementing multilevel responses that challenge the existing power dynamics that govern resource allocation in favour of the existing cisgender, male, heterosexual hegemony, gender blind and neutral frameworks leave programs unequipped to meet the unique needs of women and SGM (Frye *et al.*, 2008; Salisbury *et al.*, 2016; Boyd *et al.*, 2018; Robinson *et al.*, 2019). This leads to suboptimal health promotion programming and disproportionate burdens of intimate partner violence (IPV), family homelessness, and involuntary sex work (Boyd *et al.*, 2018).

The United Nations has called the damage COVID-19 has caused to the world's progress toward gender equality for women and girls a 'shadow pandemic' (Morse and Anderson, 2020). Due largely to the entrenched power dynamics that make women and girls more vulnerable to economic shocks, they have borne a disproportionate proportion of the social and economic toll of the pandemic (Morse and Anderson, 2020). Social and health inequalities experienced by women—job loss, IPV and mental illness—have also been exacerbated during COVID-19 due to increased stress, contact with already abusive partners and economic vulnerability (Douglas *et al.*, 2020).

Stigma has been cited as the fundamental cause of health disparities in these populations (Hatzenbuehler *et al.*, 2013; Meyer, 2016) and the social stress SGM face as a result of this identity compounds the stress experienced from other marginalized identities such as racialization, class and HIV status (Bowleg, 2008; Meyer, 2016). This has resulted in increased levels of pandemic-related financial and job-related stress for SGM compared with their heterosexual, cisgender counterparts, as well as more significant negative impacts to their mental health (Kennedy, 2020).

In several countries, faith and political leaders have espoused homophobic rhetoric and blamed COVID-19 on laws legalizing same-sex marriage and the LGBTI2S community itself (Fazeli, 2020; Young, 2020). By using a binary policy of allowing men and

women to leave their homes only on certain days, as can be seen in Panama, transgender and gender non-conforming people have become targets for police harassment and public stigmatization (Ott, 2020; United Nations Office of the High Commissioner for Human Rights, 2020).

COVID-19 shines a light on the inequities present in societies worldwide and opens the door to gender redistributive/transformative programs and interventions that, 'transform existing distribution of resources to create balanced gender relationships' [(March *et al.*, 1999), p. 21; Robinson *et al.*, 2019). We argue that by ensuring programs complete gender analyses prior to implementation and target their programs to be gender redistributive/transformative in nature, programs will be more effective in addressing the societal disruptions wrought by COVID-19.

To challenge existing power dynamics in society and ensure more equitable resource allocation and reduced marginalization for women and SGM, programs must begin to move towards gender redistributive/transformative approaches to development and implementation (see Figure 1; March *et al.*, 1999; Robinson *et al.*, 2019). Moreover, the success of gender redistributive/transformative programs in the Global South such as SASA! (Abramsky *et al.*, 2014) and the Tostan Community Empowerment Programme (Diop *et al.*, 2004), contain valuable lessons for designing and implementing gender redistributive/transformative programs. Beyond their demonstrated effectiveness in program outputs, studies have also documented the cost-effectiveness of programs that consider gendered needs, due to limiting the need for participant re-entry (Remme *et al.*, 2014) and improved community cohesiveness (Abramsky *et al.*, 2014).

The objective of this review is to describe the implications of the lack of gender redistributive/transformative approaches in four sectors that rely on structural intervention for lasting change: health services, housing, employment, and incarceration and identify how these sectors exacerbate various forms of oppression. We will then outline examples of successful programs that implement a gender redistributive/transformative framework, highlighting the potential for future expansions to this approach.

COVID-19 and the health services sector: a gendered analysis

An overall reduction in healthcare access since the pandemic began is especially difficult for women and the SGM community since it reduces the ability to attend providers with whom they feel safe (United Nations Office of the High Commissioner for Human Rights, 2020). Nearly, 15% of SGM people in a recent Canadian survey said they avoided accessing emergency care during the pandemic because of their sexual orientation or gender identity (Ramze Rezaee, 2020). This is especially concerning given that SGM people are more likely to have co-morbid conditions such as HIV, as well and behavioural risk factors such as smoking that can exacerbate the seriousness of COVID-19 infection (Straube, 2020). In most of the Global North, SGM people are nearly twice as likely to be living with a chronic disease such as asthma, cancer or diabetes than heterosexual people (Boyd, 2020; Egale & Innovative Research Group, 2020) and in the USA, nearly 1 in 500 000 health insurance (Boyd, 2020). Given overburdened health systems in many countries, as well as physical distancing and lockdown policies, some health services that are essential for the health and wellbeing of SGM people have been postponed, putting the health of these individuals at higher risk.

COVID-19 and the employment sector: a gendered analysis

An immediate and secondary consequence of the COVID-19 pandemic is the global economic recession, dramatic elimination, and involuntary reduction of employment worldwide. It is estimated that the equivalent of 400 million jobs was lost worldwide in the first half of 2020, with a second wave of COVID-19 expected to slow economic recovery significantly (International Labour Organization, 2020). Women, racialized people, immigrants, people with disabilities, SGM and people at the intersections of those groups are more likely to experience an impact on employment (Premji, 2018), underemployment (Mawani, 2014, 2018), associated occupational safety risks (Smith and Mustard, 2010) and poorer health. Even before the pandemic, SGM were more likely to lose employment (17%) compared with the general US population (13%) and less likely to

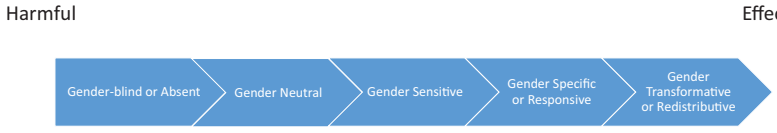

Fig. 1: Gendered framework continuum. Adapted from March *et al.*, (1999) and Robinson *et al.*, (2019)

have access to paid sick leave (29%) compared with the general population (76%) (Maxwell *et al.*, 2018).

Employment is one area where gender-blind and sensitive practices—in hiring, firing, pay, benefits and promotions—implicitly favour men and devalue women. In low- and middle-income countries, men are more likely to be formally employed and occupy higher paying jobs such as those in agriculture, mining, manufacturing and construction (Khitarishvili *et al.*, 2018; Bonnet *et al.*, 2019) leading to higher employment stability, and higher short- and long-term wages for men compared with women. Moreover, systematic lack of supports for women's greater caregiving duties and childbearing activities leads to women working fewer hours than men, often at lower hourly wages, and experiences of permanent income disadvantages when childbearing begins in low-, middle- and high-income countries alike (Ortiz-Ospina and Roser, 2019). Women never recover pre-childbearing income levels even in countries with generous parental leave and job protection policies contributing to considerable wage losses over lifetimes. Applying an intersectionality lens reveals larger wage gaps by race/ethnicity or for being a SGM minority compared with white heterosexual men (Schneebaum 2013; Bleiweis, 2020). One study reporting on wage gaps for all working women compared with men over a 40 year career, demonstrated that Latina women compared with Latino men earned $1.1 million US dollars less due to the wage gap (Bleiweis, 2020). Left unchallenged these gender-blind and gender-sensitive employment practices (e.g. parental leaves) leave women financially disadvantaged and in some cases unable to pay for basic household needs.

Worldwide, SGM people and cisgender women are more likely to work in the informal sector, reducing their access to paid sick leave, insurance coverage for partners, and social safety programs increasing their exposure to employment insecurity as a result of social distancing policies (United Nations Office of the High Commissioner for Human Rights, 2020). In some countries, more than 80% of transgender women are thought to participate in sex work (World Bank, 2020), making sex workers an especially important target population for gender redistributive/transformative employment and livelihood-related intervention in the context of COVID-19.

The governments of almost all nations have responded to the COVID-19 economic crisis by rapidly implementing policy measures to mitigate its impact on health and employment and income loss (Choi, 2020; Farooqui and Casey, 2020). Without moving to gender redistributive/transformative frameworks however, the needs of women will continue to be overlooked. Women, more often than men, may have to quit or reduce hours at work due to the increased burden of domestic responsibilities of childcare and homeschooling due to the prolonged closure of schools (Graves, 2020; Miller, 2020), making it impossible for many to meet both employment and home responsibilities (Savage, 2020; Cohen and Hsu, 2020). Studies emerging since the pandemic show women bearing the burden of these increased domestic responsibilities with fewer negative impacts documented for men with families (Lewis, 2020; Linde and LayA, 2020). We continue to see evidence that patriarchy and heterosexism represent the backbone with which all societies are built (Madgavkar *et al.*, 2020; UN Women, 2020). For example, internationally women represent 70% of healthcare and frontline workers, yet face 28% gender pay gaps when compared with men (UN Women, 2020).

COVID-19 and the housing sector: a gendered analysis

Unintended consequences of COVID-19 within the housing sector range but have augmented disparities among those who are experiencing housing precarity or homelessness. Pre-existing health conditions such as respiratory illnesses, limited access to necessary services and poor-quality living conditions all increase vulnerability to COVID-19 for these groups (Tsai and Wilson, 2020; Perri *et al.*, 2020). Additionally, employment and income insecurity resulting from COVID-19 may significantly contribute to increasing occurrences of housing insecurity that may last long after the pandemic subsides (Bainbridge and Carrizales, 2017; Perri *et al.*, 2020). Evaluation studies demonstrate rapid transmission of COVID-19 in shelter settings. Baggett *et al.* explain that, among 408 individuals residing in a shelter in Boston, 36% tested positive for COVID-19 well above the average rate for the city (Baggett *et al.*, 2020).

Challenges faced by women and SGM when attempting to access housing services have also been elevated by COVID-19. A variety of factors unique to these populations such as experiences of stigmatization, IPV and engaging in involuntary sex work significantly impact the requirements of housing services needed (Schwan *et al.*, 2020). Oftentimes, these groups report limited availability of gender-redistributive/transformative programs, as the majority of housing services such as shelters or transitional housing programs have been developed using gender-blind or neutral frameworks (Frye *et al.*, 2008; Schwan *et al.*, 2020). This lack of focus on gender in social housing programs is even more problematic, since

they make up the majority of housing costs for urban centres (Shelter Support and Housing Administration, 2018). For example, budget reports from Toronto in 2018 demonstrate that funding for social housing programs consumed 70% of the entire city's housing budget (Shelter Support and Housing Administration, 2018). These programs are commonly tailored to men, since they are often thought (wrongly) to make up a larger portion of the homeless population. As a result, the limited availability of services that do meet the unique needs of women and SGM who experience homelessness are overwhelmed and unable to meet clients' needs (Schwan *et al.*, 2020). For example, reports from Canadian violence against women shelters in 2018 demonstrated that 82% of individuals were turned away due to the shelters' limited capacity (Statistics Canada, 2019b), a number that has likely increased during the pandemic.

Similar challenges in navigating housing services have been reported by SGM. Studies across Canada document the harms of discriminatory shelter and housing programs on the well-being of SGM, such as harassment and victimization (Abramovich, 2017; Klingspohn, 2018). The limited availability of services which offer specific support for SGM experiencing homelessness contributes to this harm. Reports from Statistics Canada document that, among Canadian violence against women shelters, only 53% offered such services (Statistics Canada, 2019a). Similar barriers exist for women and gender diverse people internationally (Klingspohn, 2018; The World Bank, 2019). Laws in developing countries often preclude women from owning land or property, creating barriers to gender-redistributive/transformative approaches to housing women. Girl's and women's lower access to education often disadvantage them in the labour market acting as another barrier to housing stability (Crosby, 2018; The World Bank, 2019).

As a result of COVID-19 protocols, such as physical distancing, a wide variety of housing services are operating at reduced capacity (Perri *et al.*, 2020; Tsai and Wilson, 2020). Many organizations have had limited access to essential resources such as personal protective equipment for staff and clients, or adequate space to house individuals who may need to be quarantined (Perri *et al.*, 2020; Tsai and Wilson, 2020). Mandated physical distancing and shelter-at-home protocols have created unique challenges for cisgender women and gender diverse peoples who may be experiencing IPV or who engage in sex work as a form of income (Douglas *et al.*, 2020). In many instances, women who may have otherwise left violent situations are forced to remain in an abusive home due to physical distancing protocols implemented in shelters and violence against women organizations (Douglas *et al.*, 2020). The limited implementation of gender redistributive/transformative housing supports during this time creates the potential for significant harm for these groups. For example, a lack of gender redistributive/transformative approaches in the development of isolation sites developed for the screening and housing of individuals experiencing homelessness who may be probable or confirmed COVID-19 positive cases may result in outcomes such as increased violence (Douglas *et al.*, 2020; Perri *et al.*, 2020). Similar findings have been reported in British Columbia, when evaluating the effectiveness of non-gender specific single room accommodations (Knight *et al.*, 2014).

The Rural Development Trust that empowers women by supporting their acquisition to the title of plots of land and/or of the deed to new homes, is one of the rare examples of a gender-redistributive/transformative housing program. This program is situated within rural regions of India, where individuals disproportionately reside within *kaccha* (weak) homes (World Habitat Awards, 2020). This program allows women to take part in building homes and communal buildings (e.g. schools) as well as acquire skills such as masonry or carpentry. These activities not only lead to owning a home (i.e. assists in gaining deeds to homes) but also assist in alleviating poverty and increasing women's status within the community. This program provides a redistribution of resources such as water which are scarce, especially for women who reside within rural regions of India (World Habitat Awards, 2020). The Rural Development Trust has reported building over 60 000 homes in rural regions across India by March of 2015 (World Habitat Awards, 2020). This empowerment model challenges existing power dynamics between genders that are embedded within the political and social systems and structures of the region and links to other local initiatives designed to develop and improve local communities and provides an effective example on how gender redistribution can be achieved in a housing context (World Habitat Awards, 2020).

COVID-19 and the incarceration sector: a gendered analysis

In no other space in our health and social systems is marginalization based on intersectional statuses more pervasive than in prisons. Prison systems worldwide exacerbate social and health inequities, with gross overrepresentation of Black and Indigenous, ciswomen and SGM (Blumstein, 2015; Statistics Canada, 2019a).

Women represent ~6% of the incarcerated population in Canada (Kong and AuCoin, 2008) and 18% of the prison and jail population in the USA (Fedock, 2018). A study from the USA found that the incarceration rates of SGM who self-identify as lesbian, gay or bisexual or report a same-sex sexual experience, were 1882 per 100 000—over three times that of the US adult population overall (Meyer *et al.*, 2017). For transgender women, experiences of imprisonment include denial of their feminine identity, structural stigma, and restricted access to in-prison healthcare (White Hughto *et al.*, 2018). Gender redistributive/transformative policies in this space would shift the focus from punishment and control to empowerment and inclusion. It would bring to light the differential needs of women and SGM who experience the indignities of incarceration under a patriarchal system designed to disempower and control people unduly affected by the social determinants of health.

People with histories of incarceration have poorer health than the general population and are at greater risk of infectious illnesses including HIV and Hepatitis C (Akiyama *et al.*, 2020; Massoglia, 2008). Prisons are incubation sites for infectious illness. The primary public health mechanism to slow the virus and flatten the curve, 'physical distancing', is not possible in correctional facilities (McMillan, 2020). People live in confined spaces with multiple residents per cell and shared washroom facilities (McMillan, 2020). There is insufficient access to sanitizing products and personal protective equipment, which are paramount to self-protection against the virus (McMillan, 2020). Not only are people at risk of contracting COVID-19 from transmission from correctional staff who also lack sufficient protective equipment (McMillan, 2020), but they face heightened mental health concerns, with lockdowns, inability to self-protect, loss of access to family due to restrictions in visits (Marcum, 2020).

Outbreaks of the novel coronavirus have occurred in prisons around the world. Stark numbers emerge from the USA (Marcum, 2020), with 42,107 cases of COVID-19 documented between 31 March and 6 June 2020. Worldwide estimates suggest that more than 580 000 detainees from at least 80 countries will be released due to COVID-19 (McMillan, 2020). Within the Canadian context the Canadian Association of Elizabeth Fry Societies called for the release of women from correctional institutions based on their increased vulnerability as incarcerated individuals. However, there is little evidence that people are seeing early release, and there are no data to indicate how many cisgender and SGM persons have been released.

Throughout the pandemic, there has been little consideration of the unique needs of incarcerated women and SGM (Schnarrs *et al.*, 2019; Erickson *et al.*, 2020). Situations of poverty and victimization have left many immunocompromised (DeGroot, 2001) making them more vulnerable to COVID-19 infections. The vast majority of cisgender women in prison are mothers and many are pregnant when incarcerated (Glaze and Maruschak, 2008). The elimination of prison visitation and restricted phone access as ways to promote physical distancing is affecting the ability of these groups to maintain contact with children, families and support networks. Since women (especially transgender women) represent a small proportion of the prison sector, they are largely invisible within a centralized, gender-blind and patriarchal system. Gender redistributive/transformative policies would acknowledge the role of motherhood and the unique needs of transgender women, putting these considerations at the forefront of decisions on whether to incarcerate as well as decisions to grant early release during COVID-19.

Recommendations for gender-redistributive/transformative programs

In order to effectively address the unique needs of women and SGM in the areas of employment, housing, and incarceration during and post-COVID-19, there is an urgent need to move programs toward the right-hand side of the continuum shown in Figure 1. COVID-19 recovery efforts provide an opportunity to rethink how programs are conceptualized and implemented. The use of gender redistributive/transformative frameworks allows the provision of essential resources to shift in ways that are responsive to the structural, community, and individual needs of women and SGM, improving access to health and social services and minimizing the unintended consequences of engaging with poorly aligned or inappropriate services. These frameworks also begin to acknowledge and challenge existing power dynamics that are embedded within global, national and local systems, providing an opportunity to fundamentally change current structures that facilitate oppression. Although effective, adapting programs and policies to move from gender blind to redistributive/transformative may not be realistic due to political or financial limitations. Instead, we recommend that programs devote resources to conducting thoughtful and rigorous gender analyses of the current and underlying power structures driving the chosen program outcome(s) in their population of interest. Conducting a gender analysis taking stock of current paradigms, policies and programs, as well as cultural norms, potential partners, and windows of opportunity, that provide barriers and facilitators to

adopting a gender integrated approach at multiple levels of the environment prior to program implementation can facilitate moving the proposed program at least one step to the right on the continuum outlined in Figure 1 (March *et al.*, 1999; Robinson *et al.*, 2019).

The examples below demonstrate the versatility and effectiveness gender redistributive/transformative programs in meeting the unique needs of women and SGM. Overarching themes that future programs must consider include (i) the implementation of women-centred services; (ii) the prioritization of women and SGM needs; (iii) intersectoral collaboration; and (iv) the incorporation of strategies which challenge patriarchal and heteronormative hierarchies.

In moving towards the incorporation of this framework, program developers can look to specific examples that have been successful in meeting the unique needs of such groups. In the area of housing, an innovative, gender redistributive/transformative program is Safe at Home (SAH). First used in Australia and New Zealand, this type of program aims to assist women who wish to remain in their homes while (usually cisgender male) perpetrators are removed and sequestered away from the survivor via police-enforced protection orders or electronic monitoring (Spinney, 2012; Breckenridge *et al.*, 2016). SAH employs a gender redistributive approach because it challenges current norms surrounding abusive relationships, where those who experience violence are forced to leave, reside in shelters, and too often experience absolute homelessness as a result of fleeing an abusive relationship (Spinney, 2012; Breckenridge *et al.*, 2016). By allowing a woman and her children to remain in the home, she retains both power over her housing and economic situation as well as power within herself through increased stability and self-worth (Spinney, 2012; Breckenridge *et al.*, 2016). Being a woman-centered program, SAH also includes wrap-around supports (Spinney, 2012; Breckenridge *et al.*, 2016) such as security measures to bolster safety in the home, monetary payments to help supplement lost income, case management and job training to increase economic independence. Many of these are rarely included in gender blind housing supports for those who experience IPV (Spinney, 2012; Breckenridge *et al.*, 2016). Pushing beyond the more common gender sensitive approach to domestic violence programs, service delivery in the context of SAH promotes inter-agency communication and service delivery, helping women to remain in their homes (Spinney, 2012; Breckenridge *et al.*, 2016).

In the area of employment for women and SGM with histories of incarceration, the My Start-Up Entrepreneurship Program, delivered by Elizabeth Fry Society Toronto (EFY-T), promotes training and experience in entrepreneurship for formerly incarcerated women to start their own businesses (Elizabeth Fry Toronto, n.d.). Women with criminal histories are doubly discriminated against in labour markets worldwide, with racialized women and SGM facing additional barriers to meaningful employment. The supports offered through this program are designed to be trauma-informed and woman-centred (including all women identified and non-binary people). Self-employment can provide a way to challenge male-dominated business environments while circumventing some of the employment-based barriers faced by these groups. Common outcomes of this program have included the development of jewellery or catering businesses.

Key factors of the EFY-T program, which allow for effective service delivery to women and SGM include realigning the definition of success outside the patriarchal sense. Instead, the program honours where the person is at by identifying factors such as resilience as a strength. By providing women with choice over their own lives and the power and control to set a new path if they choose, this women-centred program meets the unique needs of women and non-binary people.

COVID-19 has also increased the call for prison abolition, especially for women and SGM (Hamlin, 2020). Prisons are a colonial structure built upon a 'power over' model of social control (Boppre, 2019), which makes it impossible to deliver gender and trauma-informed services to women and SGM (Salisbury *et al.*, 2016). Instead of incarceration, there has been a call to develop and implement gender-responsive services that are holistic and culturally sensitive to support women and SGM (Salisbury *et al.*, 2016). Covington and Bloom outlined five guiding principles for gender-responsive policy and programs designed to support women at any stage of criminal justice involvement (Covington and Bloom, 2004). These principles include recognition that gender differences influence pathways to incarceration; that for women, safety, respect and dignity are essential components of policy and programs that can support and enhance connections to children, significant others and the community; that services should be holistic, culturally relevant and enhance women's ability to be financially self-reliant. Boppre stressed the importance of intersectional identities in addressing the needs of incarcerated women as racially diverse women and SGM are over-represented in prisons in North America (Boppre, 2019).

The EFY-T offers gender responsive and trauma-informed wrap-around community supports for

criminalized women. Given that most women are low risk, considering alternatives to incarceration to keep women in the community through supportive housing, universal basic income and adequate resources for women's mental health and addiction needs, coupled with a direct accountability program would be much more effective in 'reforming' women who have come into conflict with the law than current correctional responses.

CONCLUSION

COVID-19 has devastated the lives of many women and SGM individuals. The relatively small safety net of social protections and programs tailored to the specific needs of these populations, even in high-income countries, is largely to blame. Although too many existing programs and policies fail to adequately consider gender in their design and delivery, not all gender redistributive/transformative programs need be new. It is entirely possible to review our existing programs and propose modifications to move programs toward a gender redistributive/transformative approach. Moreover, prioritization of gender-redistributive/transformative recovery efforts would enable both the recognition of the intersections at which SGM populations and cisgender women exist as well as the inclusion of their voices to co-create the responses to the COVID-19 pandemic that would lead to greater health equity for these groups.

AUTHORS' CONTRIBUTIONS

M.P. wrote multiple sections of the original draft of the article, completed revisions, participated in the conceptualization of the article content and managed the development of the article. N.M. completed sections of the original draft, completed revisions and assisted in the conceptualization of the article. F.I.M. completed sections of the original draft, completed revisions and assisted in the conceptualization of the article. K.P. completed sections of the original draft, completed revisions and assisted in the conceptualization of the article. P.O. completed sections of the original draft, completed revisions, assisted in the conceptualization of the article and provided overall supervision and guidance for the article. All authors approved of the final article draft.

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