

Global policies to reduce pandemic intensified violence against women

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Abstract

Violence against women (VAW) worsened globally during the Covid-19 pandemic lockdowns. For example, a woman in France was killed every 3 days during lockdown. At the same time in South Africa, a woman was killed every 3 h. This paper presents and analyzes the risk factors that have worsened during the Covid-19 pandemic lockdowns and the subsequent economic consequences of mitigation policies. The purpose of this paper is twofold: (a) to conduct a critical review of international extant literature regarding government policies related to VAW since the beginning of the worldwide Covid-19 pandemic lockdowns that began in early 2020, and (b) to suggest opportunities for nurses to influence health policy development and social norms related to VAW. Thematic synthesis of the findings present interventions that helped to mitigate VAW during Covid-19 and is followed by a discussion of findings in relation to social determinants of health and human rights. A gender-based policy approach that focuses on the human right to be free of all forms of violence must be a leading strategy as governments reallocate resources and rebuild economies in the wake of this pandemic.

KEYWORDS

Covid-19, government, human rights, pandemic, violence, women

1 | BACKGROUND

Women of all ages are at high risk of violence, most commonly victimized by family members and intimate partners. Women are victims of honor killings, marital rape, involuntary pregnancy, and abuses by nuclear or extended family (Holtz, 2022; Jacobsen, 2014). The full burden of violence against women (VAW) is unknown, because mortality data for women is limited or absent in some countries. VAW is widely committed during war and conflict further impedes the accurate collection of data, as torture, rapes and deaths go unreported in low-income countries with little epidemiological infrastructure (Bhutta & Black, 2013). Almost three out of four Egyptian women have suffered abuse by their spouse. A half-million women annually are raped in South Africa. Globally, 20% of women report a history of sexual abuse. In the US, 25% of women experience domestic abuse

during their life, and one-third of femicides are committed by their intimate partner. VAW particularly impacts women living in low-income countries, where poverty and social norms limit the self-determination of females (Holtz, 2022).

General risk factors for VAW include the power differential between males and females, discrimination based on gender or ethnicity, and the marginalization of women considered part of a stigmatized community. Social constructs that determine the risk of VAW include poverty, low educational attainment, gender-based social roles, lack of self-determination of one's future, prioritization of food sharing in the family, as well as the literal value of a female in the form of a marital dowry (Skolnik, 2016). Loss of social supports and inadequate punitive measures for violent crimes are predictors of VAW (Merson et al., 2012; Santamaria et al., 2019), as well as alcohol and firearms use among males (Merson et al., 2012).

Findings of this policy critique underscore a worrisome globally simultaneous increase in VAW resulting from pandemic mitigation and numerous government interventions to reduce this problem (Akel et al., 2020; Carvajal, 2020; Ebert & Steinert, 2021; Fawole et al., 2021; Maji et al., 2020; Pearson et al., 2021; Sanchez et al., 2020; Uzobo & Ayinmoru, 2021; Viero et al., 2021; Viveiros & Bonomi, 2020; Yakubovich & Maki, 2021). Covid-19 has contributed to the severity of VAW in addition to its prevalence (Yakubovich & Maki, 2021). German families in lockdown were more than twice as likely to report violence (Ebert & Steinert, 2021) and VAW rose to 45% prevalence among Lebanese women (Akel et al., 2020). Spain experienced a 45% increase in VAW related emergency services calls when pandemic mitigations began (Vives-Cases et al., 2021). During the Covid-19 lockdown, a French woman was killed by a household member every 3 days. In South Africa, a woman was killed every 3 h (Uzobo & Ayinmoru, 2021).

This paper explores a global increase in VAW during the Covid-19 pandemic and the measures taken to reduce this burden on women's health. The purpose of this paper is twofold: (a) to conduct a narrative review of international extant literature regarding government policies related to VAW since the beginning of the Covid-19 pandemic lockdowns that occurred worldwide beginning in early 2020, and (b) to suggest opportunities for nurses to influence health policy development and social norms related to VAW.

2 | METHODS

A literature review was conducted within Pubmed, Medline, CINAHL, and Health Source: Nursing/Academic databases via university library access. Keywords searched within article titles were *violence, abuse, women, Covid-19, policy, policies, and legislation*. Inclusion criteria were peer-reviewed articles published between 2020 and 2022, in English language, with Covid-19 in a major heading. Search of literature resulted in eight articles meeting inclusion criteria for this study. Three articles were snowballed from reference lists and previously collected literature, totaling eleven articles in this narrative review. Thematic synthesis of the findings categorizes interventions to mitigate VAW during Covid-19, followed by a discussion of findings in relation to social determinants of health and human rights.

3 | FINDINGS

3.1 | Pandemic-worsened risk factors

Several risk factors for VAW have been worsened by the pandemic lockdown and subsequent economic consequences of mitigation policies: quarantine or lockdown at home (Akel et al., 2020; Ebert & Steinert, 2021; Fawole et al., 2021; Lima, 2020; Maji et al., 2020; Uzobo & Ayinmoru, 2021; Viero et al., 2021; Vives-Cases et al., 2021; Viveiros & Bonomi, 2020; Yakubovich & Maki, 2021), economic instability (Ebert & Steinert, 2021; Rayhan & Akter, 2021; Uzobo & Ayinmoru, 2021; Viero et al., 2021), under or unemployment (Ebert & Steinert,

2021; Maji et al., 2020; Rayhan & Akter, 2021; Vives-Cases et al., 2021; Yakubovich & Maki, 2021), poor mental health of the VAW victim or perpetrator (Akel et al., 2020; Ebert & Steinert, 2021; Uzobo & Ayinmoru, 2021), care of a young child (Ebert & Steinert, 2021; Uzobo & Ayinmoru, 2021; Vives-Cases et al., 2021), low educational level (Ebert & Steinert, 2021; Rayhan & Akter, 2021), and poverty (Ebert & Steinert, 2021; Maji et al., 2020; Rayhan & Akter, 2021). Government policies related to pandemic mitigation, and stress from the pandemic itself, may have increased societal risk factors for VAW (Uzobo & Ayinmoru, 2021).

Sale of alcohol was also associated with surges of VAW, when businesses reopened after lockdown in India (Maji et al., 2020). The South African government prohibited alcohol sales during lockdowns as they struggled with VAW increases (Uzobo & Ayinmoru, 2021). Patriarchal gender roles that permit men to control women (Viero et al., 2021), or do not permit females to leave home without a male escort, further worsened VAW by preventing victims from seeking help in India (Maji et al., 2020) and in South Africa (Uzobo & Ayinmoru, 2021). In Bangladesh, women in arranged marriages had a 3.58 times higher risk of VAW (Rayhan & Akter, 2021). Yakubovich & Maki (2021) noted that homelessness is a risk factor for VAW. Women who are desperate for shelter may choose to stay in an abusive relationship to avoid more dangers of homelessness or having their children taken by child welfare. Threats of banishment from the home and to a shelter where the risk of Covid infection is high was a common threat made in Nigeria during lockdown (Fawole et al., 2021).

3.2 | Response measures

Services to alert authorities to one's need for help were not safely accessible to victims whose abusers were locked down with them (Sanchez et al., 2020; Viero et al., 2021). Additional alert systems were arranged at pharmacies in France, Italy, Spain, and the US, that enabled women to request help for domestic violence with a code-word or phrase (United Nations [UN] Women, 2020a). The Ecuadoran Department for Women coordinated with social services and civic organizations to create a mechanism to assist VAW victims with reporting cases of violence, made accessible by telephone (UN Women, 2020b). Brazilian police expanded ways to report violence online via the *Delegacia Eletrônica da Polícia Civil do Distrito Federal*, and in Buenos Aires, Argentina, the WhatsApp service was modified for use by those who need help but cannot use a phone without the abuser's awareness. Mexico City implemented the same app for their *Lima no estas sola* (You are not alone) program to curb VAW during the pandemic (Lima, 2020). A Columbian city's municipality created a dedicated phone service called *La Línea de Orientación a Mujeres* (Advice Helpline for Women) to help VAW victims seek help, including legal or psychological assistance (Lima 2020).

The mayor's office of Valparaiso, Chile and UN Women collaborated to create the Safe City and Safe Public Spaces Initiative to encourage bystander intervention for VAW witnessed in public spaces and abandoned buildings during COVID (UN Women, 2020b). In a county



of northern England, law enforcement recruited mail, parcel, and food delivery workers to look out for signs of abuse in the community and to notify police if VAW is discovered (UN Women, 2020a).

The potential for Covid infection from a shelter was a threat utilized by violent offenders to frighten women from leaving the home to escape abuse (Fawole et al., 2021; Sanchez et al., 2020; Yakubovich & Maki, 2021). The Canadian Government funded \$50 million to support shelters and sexual assault clinics for VAW victims. Shelters for victims were declared essential services so they would remain open during the lockdown (UN Women, 2020a). Shelters and urgent care centers in Spain stayed open by legal decree and hotel rooms were reserved. A Belgian hotel in Brussels was requisitioned to accommodate women who had to leave dangerous homes (UN Women, 2020b).

Ireland's Department of Justice and Equality allocated funding for community and voluntary organizations to assist social services in addressing VAW (UN Women, 2020a). In Brazil, the Secretariat for Women's Policies of the Federal District conducted a media campaign to communicate available services that protect women under threat of VAW during Covid-19 isolation. Advertisements encouraged seeking help from law enforcement (UN Women, 2020b). The Chinese government produced online manuals to show how women can protect themselves from VAW during lockdown, including legal actions (UN Women, 2020a).

Courts were shut down along with businesses during the pandemic lockdowns. Lack of prosecution left many abusers at home with victims. In Nigeria, police could not minister to VAW victims, because there were inadequate personnel to provide for both victim needs and Covid-19 mitigation tasks. Courts were closed and many prison inmates were released in efforts to control transmission of the virus. Police had no space to incarcerate VAW offenders, courts did not process complaints, and perpetrators had little deterrents to commit violence (Fawole et al., 2021). Croatian and Serbian courts accommodated and processed domestic violence cases during lockdown when other prosecution was paused (Pearson et al., 2021). The Colombian government issued a decree to guarantee continued access to legal, law enforcement, and judicial proceedings virtually (UN Women, 2020a). The South African Heads of Court and Magistrates were authorized to continue essential services during lockdown, such as the processing of domestic violence cases (UN Women, 2020a).

3.3 | Preventive measures

Many social service resources were unavailable to support victims of VAW because pandemic mitigation was prioritized (Fawole et al., 2021; Sanchez et al., 2020; Viero et al., 2021; Vives-Cases et al., 2021; Yakubovich & Maki, 2021). Ethiopia's Ministry of Women, Children and Youth collaborated with UN Women to administer food, shelter and hygienic products to homeless women, youth, and children during the pandemic lockdown. In Hawassa City, religious leaders were recruited to help communicate preventive messaging and support service availability for VAW. Peruvian mobile markets provided food access for rural families during supply chain interruptions. The city of

Barcelona conducted outreach with social services via email and phone for domestic workers, informing them of services available to help if they have been a victim of VAW (UN Women, 2020b). Support services and referral training were provided to frontline workers in the Pacific Islands to attend to disabled women who were at high risk for VAW (UN Women, 2020a). The Government of Vietnam protected immigrants in quarantine from VAW. Military and school dormitories were used to enable social distancing, and staff paid special attention to women and children to protect them from VAW while vulnerable in these shelters. Counseling was provided for those who had already been victimized (UN Women, 2020c). Refugees are at particular risk of VAW because they lack community social support and are often refused safety net services in countries where they seek shelter (Merson et al., 2012).

Due to the rapid expansion of needed safety net services during lockdown, there was a critical need for inter-disciplinarily trained health care professionals and victim advocates in shelters and mental health clinics (Yakubovich & Maki, 2021). Ireland funded such training (UN Women, 2020a). Peru established a mobile care team to attend to VAW cases in areas where there are no available emergency psychological care services or legal and support services. In Tanzania, the government collaborated with UN Women to train safety-net service providers in screening for VAW and how to link victims to services (UN Women, 2020a). The Ethiopian Ministry of Health trained shelter staff in caring for VAW survivors. Nurses were trained to provide rape victim care, and all involved needed to be informed that police were available to help them during the lockdown (UN Women, 2020d). In the Pacific Island nations, programs were provided online to train frontline workers in protocols of care and referral for VAW victims. The protocols had become more complex due to new multidisciplinary service collaboration that enabled safety-net service delivery in these remote areas. Governments were supported by the UN to provide information on the referral process, counseling, legal processes, and other help for both victims and health care staff (UN Women, 2020a).

In many countries, there were a lack of protocols prior to Covid-19 for the empathetic processing of VAW victims through judicial and law enforcement agencies. The governments of Belgium & Brussels established task forces to monitor and identify community VAW risks, as well as provide awareness of the problem to citizens. Luxembourg created an entire VAW crisis management program (Pearson et al., 2021). The Specialized Prosecutor's Unit on Violence Against Women in Argentina produced an urgent protocol for prosecutors to follow when dealing with cases of VAW during lockdown. These measures included added procedures for police to remove the aggressor from the home on domestic violence calls, using online tools to receive complaints and statements, and adding judicial protections for VAW victims during prosecution of the aggressor. Similarly, Bolivian law enforcement guidelines were changed to direct that the presiding prosecutor or judge must be immediately informed if the case involved VAW, so that a risk assessment could be performed and police could ensure safe distance between aggressors and victims. Bolivian police, the government, and UN Women worked together to better serve victims of VAW and create social media messages that instructed victims on how to access services during the pandemic (UN Women, 2020a).

3.4 | Policy measures

Although Canada funded interventions to reduce VAW during the Covid-19 pandemic, the government lacks a dedicated funding stream for this purpose, or a national legislative agenda to clarify intervention goals. Legal definitions of VAW vary and lack gender-based terminology. Language consistency is required for legislative development and effective prosecution. A proposed addition to the penal code to make coercion a crime has not been enacted (Yakubovich & Maki, 2021). Egypt does not have a law that even refers to domestic violence. VAW is only punishable by Egyptian law if it exceeds the judge's definition of acceptable violence limits or if the victim is visibly injured at the time of their police complaint. The perpetrator may be acquitted if he can demonstrate that he conducted appropriate spousal discipline on his wife. In contrast with several other countries noted, Egypt suspended court proceeding during the lockdown, and VAW increased without criminal consequences (Uzobo & Ayinmoro 2021). Sierra Leone, Sudan, and Tanzania in Africa have accepted UN support to develop legislative modifications that include gender-based considerations in COVID-19 responses (UN Women, 2020a).

In Brazil, coordination between social services, law enforcement, and funding institutions led to the development of the app *SOS Mulher* in Sao Paulo to collect reports of VAW, monitor court-ordered protection compliance, and identify non-compliant offenders who needed to be detained while criminal charges were processed. The governments of Antigua and Barbuda collaborated with two telecommunications companies to provide adequate phone service to a toll-free number to report and seek help for VAW (UN Women, 2020a).

Tunisia redirected funding into an emergency aid for VAW victims. Senegal has reallocated funding from an agriculture program aimed at climate change modifications in order to buy food from female growers from vulnerable families, providing cash transfers and necessities. Scotland redirected a community support fund to facilitate services for VAW victims, including media messaging ensuring that services are available during the pandemic, but at the expense of the rape crisis funding (UN Women, 2020a).

4 | DISCUSSION

4.1 | Societal characteristics enabling violence

Patriarchal societies such as Saudi Arabia (Alquaziz et al., 2021), the Islamic State of Iraq, Syria (Salih & Kraidy, 2020), and to a lesser extent, Turkey (Altunok, 2016), permit a male family member to control females' activities, social interactions, and access to health care. Religious clerics have replaced some judicial officials and mental health professionals in Turkey. Efforts to seek help are met with reinforcement of dominant cultural rules (Altunok, 2016). Muslim Lebanese women who sought help for VAW were advised by Imams to be tolerant, explaining higher reported VAW among them, compared with Christian Lebanese women (Akel et al., 2020). Financial dependence

upon male family members propagates the power differential between sexes that is a determinant of VAW (Uzobo & Ayinmoro, 2021). Iceland is the only country mentioned in the literature that developed and funded therapeutic interventions for males to prevent VAW (UN Women, 2021a). Lack of similar policies suggests a worldwide disinterest in confronting gender-based social norms that continue abusive behaviors generationally.

4.2 | Intervention efficacy

Skolnik (2016) noted that successful interventions for VAW include public campaigns that provide information that prevents abuse, psychological treatment for perpetrators, social programs to improve family integrity, provision of safe places women can go when they leave the abusive home, and criminal codes that punish the abusers. These programs should be community-based and include a critical confrontation of social norms that support VAW, although these criteria have not been adequately studied to determine efficacy (Merson et al., 2012; Skolnik, 2016). Interventions that teach coping skills to young children can be helpful for improving interpersonal interactions, completing education, and acquiring jobs, all factors that reduce the risk of aggression toward women in the future (Merson et al., 2012). Peterman et al. (2020) recommend increasing violence specific emergency alert systems, adding violence response training to healthcare training, expanding social services and safety net programs, increasing emergency shelter housing, adequately funding mental health services, and incorporating violence mitigation in future pandemic planning as methods to reduce future risk of VAW. However, there is scant literature available as of early 2022 that provides information on the efficacy of interventions developed during the pandemic to reduce VAW. Nursing research can improve knowledge of definitions and prevalence of VAW, providing policymakers with data that support the funding of appropriate interventions.

4.3 | Policy analyses

Government databases lack the granular detail to adequately analyze VAW. If data on violence is collected, it usually is not disaggregated by gender, preventing analysis of VAW (Sanchez et al., 2020). Countries with the most VAW have governments that are least likely to collect data to measure this problem (Sanchez et al., 2020). Most of the data on VAW is collected by high-income countries, whereas low and middle-income countries that have higher rates of VAW have less infrastructure or motivation to collect data to quantify it. The lack of VAW information from low and middle-income countries is a gap in knowledge and prevents generalization of existing VAW research (Merson et al., 2012; Skolnik, 2016). Further, data are acknowledged to be under-representative of actual prevalence, because stigma and social desirability bias prevent many women and girls from reporting VAW (Ebert & Steinert, 2021; Uzobo & Ayinmoro, 2021). Accurate data

on both the prevalence of VAW, and intervention results would help policymakers to be more effective.

Among low and middle-income countries, little investment in a training infrastructure exists, a barrier to scaling up interventions that work. Carvajal (2020) noted the need to train Ecuadorian 911 phone operators to assess the level of danger of victims of VAW. Ethiopia identified the need for training programs to improve the qualifications of staff working at the shelters for women. Smyth et al. (2021) cited the need to train law enforcement and judicial staff to be empathetic to victims of VAW, and to not blame them for the abuses. Biased police reinforce stigmatization and prevent victims of VAW from seeking help (UN Women, 2021b).

Governments that provided alert systems for women to report VAW did not give full consideration of the ability of victims to use the services. Although broadening emergency phone and app systems that permit people to call for help were beneficial for government public relations, these services were not accessible to victims locked down at home with their abusers. Decreased reports of VAW were attributed to successful VAW controls by Latin American governments (Carvajal, 2020), although in reality, VAW increased and victims could not call for help. When victims were able to access an emergency alert system in Ecuador, the large numbers of users caused the system to destabilize because the electronic system was not capable of supporting the demand (Carvajal, 2020).

Several countries created policies aimed at VAW but did not follow through with enactment. Ecuador enacted policies to combat *gender-based violence*, but it lacked funding (Carvajal, 2020). Legislation providing a framework for domestic violence interventions was enacted in 2013 in Saudi Arabia, but the law was never implemented. In Saudi Arabia, where VAW is unacknowledged in policy and goes unreported due to social stigmas, the government has not permitted the collection of data on this issue (Alquaiz et al., 2021).

There is inadequate criminalization of emotional and psychological forms of abuse that often precede VAW. These forms of coercion are not deemed illegal, although they can inflict as much harm to a victim as physical violence. The New South Wales government of Australia created a policy in 2020 ensuring that coercion will qualify as a prosecutable offense (Smyth et al., 2021). Canada enacted new legislation that criminalizes nonviolent forms of abuse, such as coercion and financial abuse, so that prosecution can be pursued. This new law also provides housing support for homeless women, so they do not have to stay sheltered with the abuser (Yakubovich & Maki, 2021).

The Covid-19 pandemic provided an opportunity for some legislators to advance policies that restrict women's reproductive rights. In the US states of Texas, Alabama and Ohio, abortion services were restricted, citing the needs to maintain medical supply stocks in hospitals and to postpone elective health care (Viveiros & Bonomi, 2020). The only other country to demonstrate a reversal of gender equity policies during the pandemic was Afghanistan, whose new Taliban government has discontinued the Ministry for Women and has expelled all women from government seats (UN Women, 2021c).

Policy strategies that have demonstrated efficacy in reducing interpersonal violence include "developing safe, stable, and nurturing

relationships between children and their caregivers; developing life skills in children and adolescents; reducing the availability and harmful use of alcohol; reducing access to guns and knives; promoting sex equality to prevent violence against women; [and] changing cultural and social norms that support violence" (Norton & Kobusingye, 2016, p. 199). Norton and Kobusingye (2016) noted two successful programs to reduce VAW during previous contagious disease outbreaks: micro-financing programs in South Africa that built women's independence, and education programs in Africa and Asia that taught interpersonal communication skills and self-protection strategies.

Gender equity policies are key to establishing programs that reduce VAW during Covid-19 lockdowns and mobility restrictions. Although the UN and the WHO endorse programming that supports microfinancing that enables women to support themselves in a home business, decreasing financial dependence on males has limited value in societies that do not respect the health status and life of their female citizens. Widescale changes in social norms are required to motivate an evolution in how VAW is perceived. Women will not be safe until whole cultures believe that VAW is unethical, that women should no longer accept any form of discipline or forceful act, and that governments should develop policies that punish abusers, protect the victims, and reduce social determinants that lead to VAW. For these reasons, a human rights approach to VAW policy would be most valuable. Farmer et al. (2013) describes the human rights approach to health as a perspective that endorses improvement of living conditions of the neediest in societies and that is based upon the right of every individual to have a sustainable and healthy quality of life.

4.4 | United States policies

The American Rescue Act, Public Law number 117-2 (United States Congress, 2021) included provisions to prevent violence within families. As part of the funding to stimulate the economy during the Covid-19 pandemic, an increased allocation was designated to support shelters for domestic violence victims, sexual violence treatment, supportive programs, and program development that was culturally relevant, such as for Native American tribes. Provisions included development of sustainable community-centered organizations that would be activated to help domestic violence victims in underserved populations to have access to sexual and physical assault services during the pandemic. Funding was made available for community groups to apply for money to build capacity in technical training, organizational development, and methods to evaluate program efficacy.

In March of 2022, the Violence Against Women Act (VAWA, White House, United States, 2022) was reauthorized to support programs and services that respond to VAW and prevent further prevalence. President Biden was the author of the original VAWA bill in 1994. Reauthorization has been required to maintain funding for the law's enactment. The VAWA supports grants for violence treatment and prevention through 2027. Other provisions include widening judicial and law enforcement services on tribal reservations, increasing services for victims of marginalized and vulnerable communities, enabling civil



litigation for cybercrimes including stalking and sharing images of victims without permission, and training of police to improve response to victims of VAW. A modification to background check procedures is ordered to prevent those who have committed VAW from buying guns. The law also provides funding to improve healthcare worker training for sexual assault examinations and to support treatment programs for children that were exposed to VAW and men who are at risk of committing violence (White House, United States, 2022). During the pandemic, the United States also enacted federal policies to update judicial procedure and prosecution of gender-based crimes in the military, and eliminated mandatory arbitration that was a barrier to law enforcement of sexual crimes (White House, United States, 2022).

At the state level, Sapire et al. (2022) found that the United States did not demonstrate consistent prioritization of gender-based policy modifications to respond to increased VAW during the lockdown. Less than half of states enacted such policies or provided adequate funding to meet the needs of victims. Programs that were underfunded prior to the pandemic, or assigned inflexible criteria to qualify for funds, were unable to adapt to the change in prevalence and type of violence that occurred during lockdown. The mixed-methods study highlighted problems associated with private donor funding and fixed funding mechanisms that are not equitably distributed. Vulnerable communities, such as immigrants, the incarcerated, poor and communities of color, did not receive funded program support equivalent to the proportion of Covid-19 health outcomes suffered by these subpopulations. As a result, gender-based violence that increased during lockdown in the United States was met with disruptions in safety net services that were financially rooted.

4.5 | Recommended nursing interventions

As a result of this narrative review, recommendations are presented as suggested interventions for healthcare staff, and nurses in particular. Healthcare workers, who bear witness to the impact of this pandemic on violence, can be effective advocates for victims by contributing to policy discourse. Actions that may be taken include communicating with policymakers and organizations that have the ability to impact this problem. Communication may include phone calls, emails, or articles published through professional healthcare worker organizations. Advocates collect data to support the need for violence-related program prioritization. Healthcare personnel can aggregate to support leadership candidates who demonstrate the intent to create gender-based policy amendments that will respond appropriately to future population-level emergencies that raise the risk of victimization. Nurses are uniquely qualified, as professionals who seek to sustain and improve the quality of life of others, to take a seat at the table where decisions are made that influence VAW. Nurses may seek opportunities to influence government and transform social norms by supporting the concept that females have the human right to be free of VAW.

The Covid-19 pandemic caused a shift in traditional modes of alert systems. Expanding alert systems methods enabled more victims to access support services when in danger. Community health nurses

could facilitate expanded application of coded alert systems by informing law enforcement in the development of culturally appropriate terminology that protects women when they seek help. Nurses with mental health training may be a helpful addition to court staff, serving the emotional needs of victims while also educating judicial and law enforcement personnel regarding the effects of court proceedings on the victims' psychiatric state. As advocates, nurses can broaden their scope of advocacy for victims' rights and influence the punitive outcomes for perpetrators.

Nurses may lead in the development of cross-disciplinary staff expansion of sheltered housing for victims of VAW, as well as drive the creation of policies that add shelters as an expansion of social work interventions to prevent non-violent forms of abuse from escalating to VAW. Public health nurse leaders are needed to build cross-disciplinary support services for VAW victims in geographically and culturally remote places. Nurses can advocate for the human rights of vulnerable populations whose voices have not been heard by government. Nurses may also take advantage of their trusted social status and seek a seat in government, ensuring that policies are developed that consider gender-specific needs.

Public service announcements were critically needed to ensure victims could access services, and to inform those newly victimized during lockdowns how to seek help. In positions of community leadership, nurses must inform policymakers of the most effective messaging formats for local populations, particularly when government officials are not members of the majority population they oversee. Nurse researchers should study the efficacy of these funding measures. Nurses may advise lawmakers of effective targeted funding opportunities for VAW or seek elected office to make those decisions. In seats of government, nurses may influence allocation of funding to safety net services that prevent VAW.

Nurses can seek out seats on advisory boards, to educate policymakers about the needs of VAW victims that are rarely prioritized. With expertise regarding the communities served, nurses can seek formal or informal positions in law enforcement where they can raise awareness of conditions increasing the risk of VAW, such as controlling or coercive behaviors that often precede VAW. As community leaders, nurses may also collaborate with judicial and religious leaders to lower the tolerance of VAW, changing social norms that support the belief that victims are to blame for their own injuries. Nurses may take advisory roles in law enforcement and judicial institutions to contribute to the development of policy language that defines VAW so that it can be assigned penalties. In seats of government and policymaking, nurses can lead social changes by creating gender-based legislation that demonstrates respect for women and girls.

Interdisciplinary coordination, outreach for high-risk groups, staff training for safety net services, and expansion of alert systems underscore the importance of collaboration when scaling up VAW interventions. Scaling up of VAW services, with nurse administrators and adequate government funding to ensure sustainability, is a critical need as the Covid-19 pandemic becomes long-term and abuses of females have worsened. The lack of VAW specific data was noted throughout the literature. Nurses may contribute to data collection and tools to

measure VAW prevalence that may inform policymakers. As an example, Gosangi et al. (2021) created an instrument to objectively measure physical injuries for the purpose of grading injuries and collecting data on injuries resulting from intimate partner violence. Authors noted that injuries due to this violence were 1.8 times more prevalent, and more severe, during pandemic lockdown in 2020. Nurses working in emergency services and urgent care settings can apply this grading system in their practice to contribute to data collection that sheds light on the severity of VAW during this stressful time.

4.6 | Limitations

Published literature regarding governmental policies to combat VAW during the Covid-19 pandemic is sparse as of late 2021. Given the small sample size, it is difficult to draw conclusions about policy interventions without threats to validity. Perhaps more time is needed to develop research in this topic; however, the threat of new Covid-19 variants causing repeated outbreak surges makes this a critical need. As the Covid-19 pandemic enters another year, rapid development of effective measures to control VAW is an urgency. Given this dire situation, future research is recommended on the efficacy of interventions for VAW, in the context of varying socioeconomic and cultural applications. Additionally, government policies that support and fund development of instruments and data systems that measure and quantify VAW are needed to provide metrics required for further research.

5 | CONCLUSION

The increase of VAW during Covid-19 is a global threat to life and health as is the pandemic itself. Policies that confront the social determinants of VAW and prosecute all forms of it would be effective in reducing this burden to health care both in the short term of this pandemic and in the future if sustainable funding and enactment were followed through by governments. For these policies to be successfully implemented, interdisciplinary collaboration is essential. Limited resources and competing priorities that have been amplified during this pandemic call for cooperation among health care, police, social service, judicial and legislative personnel to intervene in VAW.

A gender-based policy approach that focuses on the human right to be free of all forms of violence must be a leading strategy as governments reallocate resources and rebuild economies in the wake of this pandemic. While response and preventive measures were found primarily throughout Europe and the Americas, few of these interventions emerged from Africa or Asia, highlighting the continued health equity gaps between wealthy and developing nations that similarly affect the issue of VAW. Nurses should practice at the full scope of their licensure to promote health policy changes at the population level to eliminate VAW.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to report.

DATA AVAILABILITY STATEMENT

The data that supports the findings of this study are available in the supplementary material of this article.

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