

GENDER-BASED CYBERVIOLENCE : THE SHADOW PANDEMIC



PRINCE
EDWARD
ISLAND

COALITION
FOR WOMEN IN
GOVERNMENT

Table of Contents

COVID19 in Canada	2
The Coronavirus Pandemic: A State of Affairs	2
Science-Backed Leadership	3
Virtual Connections	4
Technology-facilitated gender-based violence	6
Methodology	8
Social Media Perceptions of Chief Medical Officers	10
Dr. Bonnie Henry	11
Dr. Deena Hinshaw	12
Dr. Saqib Shahab	13
Dr. Brent Roussin	14
Dr. David Williams	15
Dr. Horacio Arruda	16
Dr. Jennifer Russell	17
Dr. Robert Strang	18
Dr. Heather Morrison	19
Dr. Janice Fitzgerald	20
Dr. Kami Kandola	21
Dr. Brendan Hanley	22
Dr. Michael Patterson	23
Dr. Theresa Tam	24
Qualitative Data	25
Survey Responses	26
Social Media Perceptions of Health Ministers	27
Conclusion and Recommendations	29
For online platforms	29
For government	29

1.COVID19 in Canada

The Coronavirus Pandemic: A State of Affairs

Coronavirus disease 2019, more commonly known as COVID19, was first identified in November 2019 in the Wuhan district of China. Initially thought to be similar to other respiratory viruses in terms of transmissibility and impact, this virus quickly proved itself to be far more contagious and harmful than expected.

The first Canadian case of COVID19 was identified on January 25, 2020 in Ontario. At that point, the infection was still being referred to as the novel coronavirus, and while there had been concerns on the severity and transmission of the virus, there has not been any indication that COVID19 would change our lives as dramatically as it did. The next province to see a COVID19 case was British Columbia on January 28, followed by Quebec on February 27, Alberta on March 5, New Brunswick on March 11, then Saskatchewan and Manitoba on March 12. Prince Edward Island and Newfoundland and Labrador saw their first case on March 14, and Nova Scotia on March 15. The Northern Territories had their first case on March 21, Yukon on March 22 and finally Nunavut on November 6.

COVID19 was unprecedented in many ways: no virus since the HIV-AIDS pandemic in the 1980s led to such large amounts of fear or misinformation on all fronts. No other virus in recent history altered the functioning of entire states to this extent, threatening the very fabric of society as we know it. While it was initially thought that short two-week lockdowns would suffice to rein in the spread of the disease, it was soon apparent that we were in for the long haul. Borders closed down internationally to non-essential travel, mask mandates were established in most jurisdictions, proper hand washing and sanitizing was emphasized and social distancing was recommended.

On August 4, 2021, the global number of COVID19 cases rose to 200 million, with over 4 million deaths¹. While vaccines have been developed at breakneck speeds and slowed down the spread of the disease, several variants have emerged, some more resistant to vaccines than others. Additionally, the vaccine distribution has not been uniform internationally: while Canada had fully vaccinated over half of its population in July², only 1.7% of the African continent was fully vaccinated by early August³.

The pandemic is far from over internationally, though measures are slowly being relaxed and normalcy is settling in once again.

¹ Santora Marc and Kwai Isabella. World's Coronavirus Infection Total Passes Staggering Figure: 200 Million. *The New York Times*. Aug 4, 2021.

² Boynton Sean. Over 50% of all Canadians are now fully vaccinated against COVID-19. *Global News*. Jul 19, 2021.

³ Mwai Peter. Covid-19 Africa: What is happening with vaccine supplies? *BBC News*. Aug 6, 2021.

Science-Backed Leadership

In Canada, as well as other states, the COVID19 pandemic demonstrated a marked difference from previous crises: for the first time, policy measures were guided, not by elected officials and heads of governments, but by medical officers. In Canada, the Federal and Provincial Chief Public Health Officers gained rapid prominence throughout the country. It was surprising to most, however, that these figures, more so than politicians, were given the limelight in addition to making recommendations to legislators. The public health officers, previously fairly low-profile, were thrust into the public view, with regular interviews and statements in addition to the briefings. Indeed, daily and weekly public health briefings, broadcast live, became part of the routine, or the “new normal” as it was called.

Of the fourteen chief medical officers, encompassing thirteen from the provinces and territories, and one at the Federal level, seven have been women, reflecting high rates of women in leadership. They are Dr. Theresa Tam at the Federal level, Dr. Kami Kandola in the Northwest Territories, Dr. Janice Fitzgerald in Newfoundland and Labrador, Dr. Heather Morrison in Prince Edward Island, Dr. Jennifer Russell in New Brunswick, Dr. Deena Hinshaw in Alberta and Dr. Bonnie Henry in British Columbia.

The remaining chief medical officers are Dr. Robert Strang in Nova Scotia, Dr. Horacio Arruda in Quebec, Dr. David Williams in Ontario, Dr. Brent Roussin in Manitoba, Dr. Brendan Hanley in Yukon, Dr. Michael Patterson in Nunavut, and Dr. Saqib Shahab in Saskatchewan.

Unlike elected officials, these officers are public servants, with limited public presence prior to the pandemic. This brought on its own slew of challenges and situations. In her book *Be Kind, Be Calm, Be Safe: Four Weeks that Shaped a Pandemic*, that she co-wrote with her sister Lynn Henry, Dr. Henry recounts one of the first interviews she gave at the start of the pandemic. In this interview, she spoke of the certainty that Canada would see cases of the coronavirus, which was a statement that differed from other health officers at that point, and of the headlines and cover stories that resulted. This is an incident that would set the tone for the progression of COVID19 in Canada.

It is in fact true that Canadians paid close attention to the words of the health officers throughout the last eighteen months, whether or not they agreed with their advice. Throughout the pandemic, the public retained high levels of engagement with new information being put forward by the doctors, openly announcing their support or disregard for public health measures, some calling for stricter and others for more lax protocols.

To further complicate the state of affairs, COVID19 saw a parallel proliferation of misinformation and doubt alongside the proliferation of COVID positive cases. This is a near-unprecedented level of falsehoods that has been undermining pandemic mitigation efforts. A study by McGill University speaks of a social media-powered infodemic in Canada, especially affecting those

relying more on US sources of information⁴. Conspiracy theories abounded through 2020, only worsening in 2021 as distrust around newly developed COVID19 vaccines grew.

In light of the confusion and conflicting information, public health offices have stood by clear, science-backed messaging in order to justify and support their decisions. Despite this, public health officers have been subjected to both praise and criticism, with some devolving to abuse against these officials.

Virtual Connections

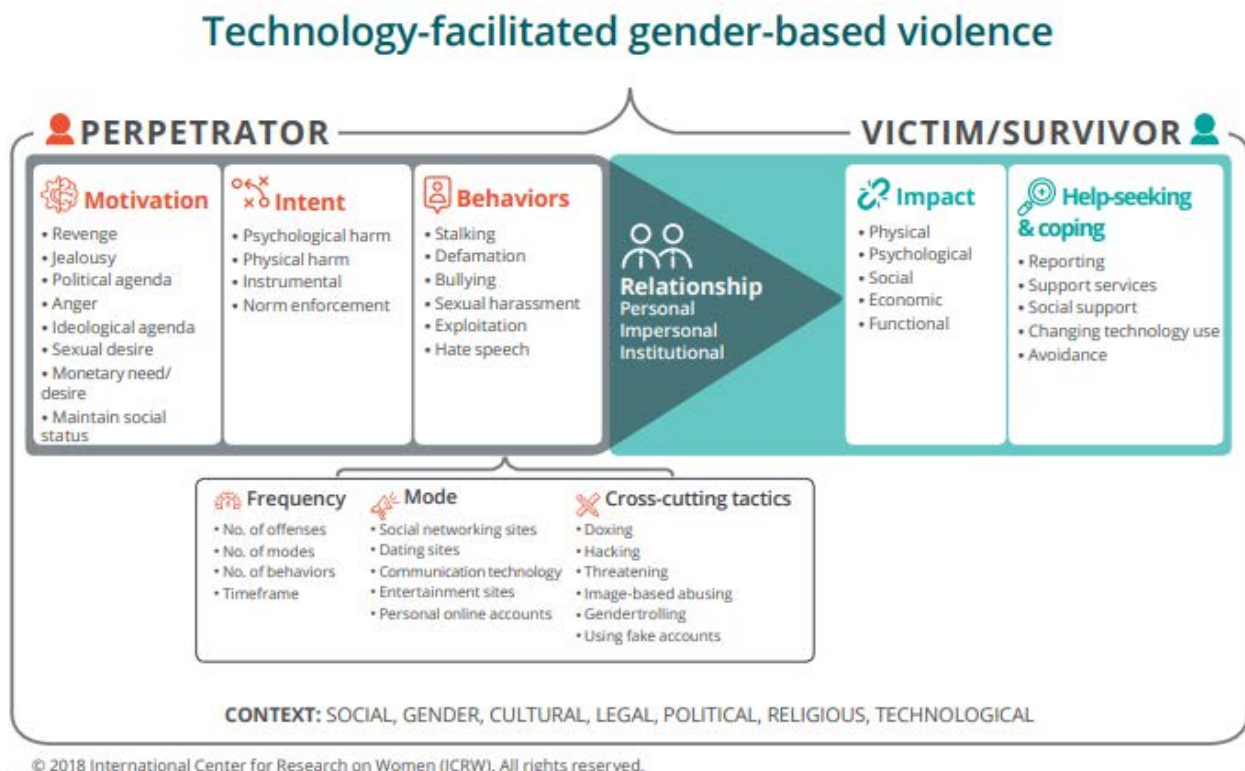
One drastic change occurring over COVID19 has been the shift from in-person events and communications to virtual connections. Indeed, as different locations adopted lockdown measures, reliance on the internet grew exponentially. Remote work was implemented whenever possible, and social media became one of the few ways of maintaining connections with others. As such, the time people spent online increased as in-person time dropped. Information was collected and spread at unprecedented rates, and people relied more and more on messaging and video call services to keep in touch with their loved ones.

One direct consequence of this shift virtually was the infodemic, or the increased likelihood of social media users falling prey to misinformation. Another consequence was the phenomenon of “oversharing”. While a small minority of people have always been more likely to share every thought on social media, with COVID19, a number of people were deprived of the opportunity for conversation offline. As a result, they tended to share thoughts and opinions online that they would not have prior to the pandemic. This can be to the detriment of science, or other people’s opinions. Technology-facilitated violence saw a sharp increase, and public health officials were often the subject of this violence in Canada.

⁴ Bridgman, Aengus, Eric Merkley, Oleg Zhilin, Peter John Loewen, Taylor Owen, and Derek Ruths. 2021. “Infodemic Pathways: Evaluating the Role That Traditional and Social Media Play in Cross-National Information Transfer,” *Frontiers in Political Science* 3, 3: 20. <https://www.frontiersin.org/article/10.3389/fpos.2021.648646>.

2. Technology-facilitated gender-based violence

The International Center for Research on Women defines technology-facilitated gender-based violence as “action by one or more people that harms others based on their sexual or gender identity or by enforcing harmful gender norms. This action is carried out using the internet and/or mobile technology and includes stalking, bullying, sexual harassment, defamation, hate speech and exploitation.”⁵



The United Nations refers to a “shadow pandemic”, that of violence against women and girls. Increased confinement, stress levels and power imbalance have increased the vulnerability of women to gender-based violence, both in person and online. One example of cyberviolence is repeated incidents of “Zoom bombing”, or webinars being hacked with racist and sexually explicit material⁶, which can have a traumatising effect on both attendees and organisers. More commonly, however, social media has served as a vehicle for online abuse and cyberviolence.

⁵ Hinson L, Mueller J, O’Brien-Milne L, Wandera N. (2018). Technology-facilitated gender-based violence: What is it, and how do we measure it? Washington D.C., International Center for Research on Women.

⁶ Lizle Loots, Elizabeth Dartnall, Jocelyn Kelly. 2020. Online safety in a changing world – COVID-19 and cyber violence. Sexual Violence Research Initiative.

Considering that the majority of activities have taken place online during COVID19, cyberviolence can cause self-restriction and self-censorship for women, which leads to increased isolation and disconnect from society, culminating in a plethora of mental and physical health issues.

Looking at the high rate of women in leadership during COVID19, in the form of chief medical officers, and the increased polarization and cyberviolence on social media, it is important to study the public reactions to these officers, in the hopes of answering one question: how did online attitudes differ to women and men in leadership positions in the pandemic?

3. Methodology

The methodology was subdivided into a quantitative and a qualitative component. The quantitative component formed the basis of most of the research, and the qualitative component allowed for some detailed analysis.

In the scope of this study, an audit of online comments and perceptions to public health officers was conducted. To allow for comparable information across the board, with different jurisdictions, a series of criteria was developed:

1. Facebook would be the primary social media platform surveyed, where comments would be read on articles from news sources. These would be local as much as possible to ensure perceptions were reflective of those on the ground. The news sources have included: CBC, the Saltwire Network, le Journal de Québec, CTV and Global News.
2. An article, or public health briefing livestream, would be chosen at random from every week spanning March 13, 2020 to March 13, 2021 where the chief medical officer appeared.
3. The total number of comments was recorded. These comments were then read and divided into three subcategories:
 - a. Positive comments: these are largely complimentary in nature, generally thanking the leadership of the health officers, or in support of specific measures announced.
 - b. Critical comments: these comments look at specific policies and measures that commenters think should be implemented, in the form of constructive criticism and recommendations.
 - c. Negative comments: these are demeaning comments against the health officer, including questioning their credentials or their motives, or forms of cyberviolence.
4. An average would be calculated of the percentage of positive, critical and negative comments for each health officer over the year.

A number of notes however need to be made:

- Comments from the three subcategories do not add up to 100% as there were comments irrelevant to the study in the articles, such as conversations between commenters or comments geared towards the government as opposed to medical officers.
- Facebook algorithms and reporting systems delete a number of comments per article, such that a post displaying 300 comments may in practice have only 230 visible comments. For this study, the number of visible comments was utilised for quantitative study.

The qualitative part of the study involved the distribution of online surveys to the offices of chief medical officers across Canada to receive anonymous quotes and first hand experiences as to the online reception to officers in the pandemic. Though this part of the study received a low response rate, it still provided valuable quotes and accounts that added to the understanding of the experiences of these officers.

A second part of the study looked at public perceptions on social media towards provincial and federal health ministers across Canada. This component was only quantitative and employed a similar methodology as for chief medical officers. The major differences in this part of the study as compared to the chief medical officers were:

1. Two articles, or health briefings, per month were chosen as opposed to one a week, from March 2020 to March 2021.
2. To ensure that results were relevant to the pandemic, the post chosen had to be focused on COVID19 instead of being random.

4. Social Media Perceptions of Chief Medical Officers

Across the following pages is a breakdown of the comments on the various chief medical officers, as well as the general trends regarding COVID cases in the region they overlook. Table 1 summarises the information laid out.

Comment Distribution	Positive	Critical	Negative
Dr. Henry	13.6	24.2	8.7
Dr. Hinshaw	10.4	32.3	9.6
Dr. Shahab	12.3	26.4	6.1
Dr. Roussin	9.1	29.4	7.2
Dr. Williams	10.2	31.3	5.7
Dr. Arruda	11.3	36.5	6.7
Dr. Russell	13.4	23.1	8.2
Dr. Strang	13.7	21.4	5.3
Dr. Morrison	15.6	22.5	7.9
Dr. Fitzgerald	14.6	23.3	8.6
Dr. Kandola	11.9	12.8	4.7
Dr. Hanley	12.8	18.2	4.1
Dr. Patterson	16.1	14.5	3.2
Dr. Tam	12.4	36.7	12.3

Table 1. Distribution of comments towards Chief Medical Officers.

Dr. Bonnie Henry

British Columbia

Dr. Henry had largely positive comments, with negative comments increasing as COVID surges occurred in Fall 2020 as well as the holiday season. Critical comments mostly looked at tightening public health measures.

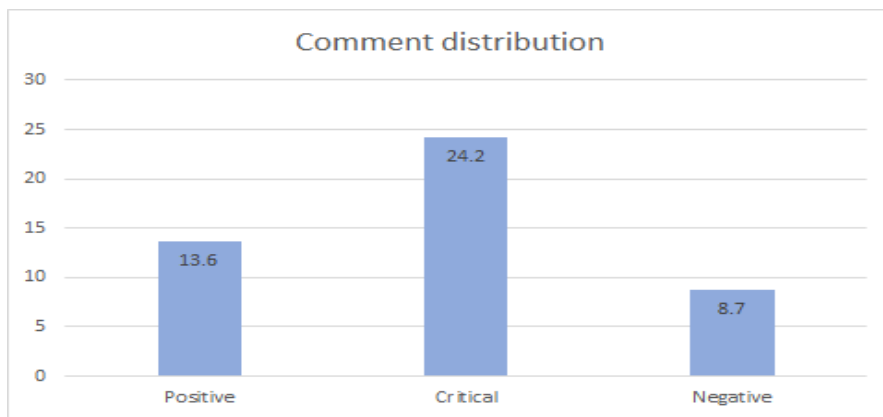


Figure 1.1. Comments towards Dr. Henry.

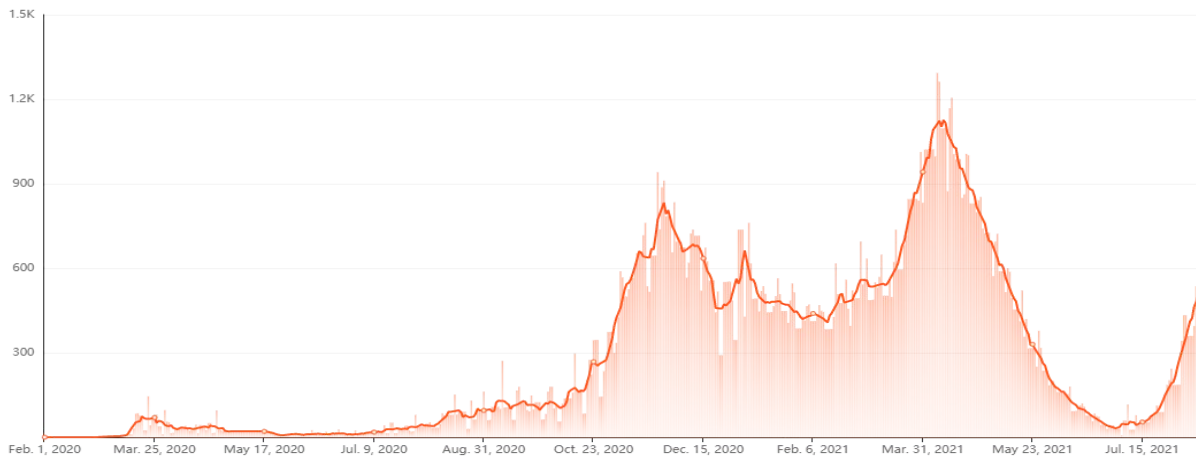


Figure 1.2. COVID cases in British Columbia

Dr. Deena Hinshaw

Alberta

Dr. Hinshaw had mostly positive comments, with calls for government to heed to her advice. Negative comments were mostly from vaccine- and mask-skeptical people looking for a return to normalcy.

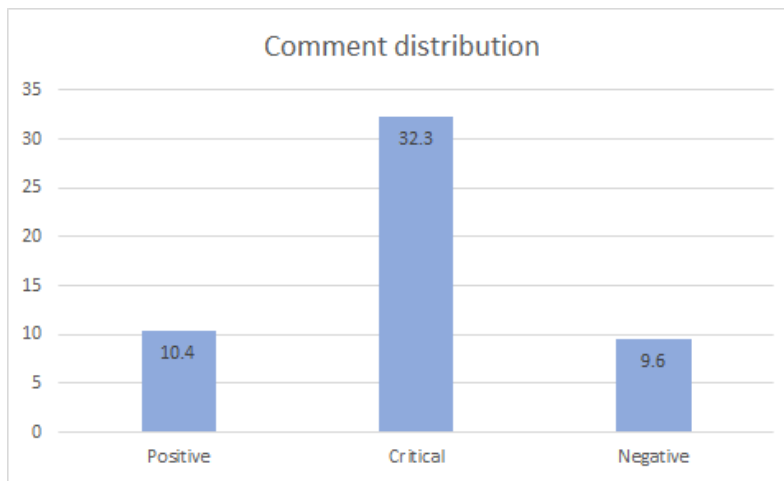


Figure 2.2. Comments towards Dr. Hinshaw.



Figure 2.2. COVID cases in Alberta

Dr. Saqib Shahab

Saskatchewan

Dr. Shahab was a largely positive figure through the pandemic, where though some were critical of his decisions as cases spiked, few negative comments were made. Some negative comments, however, alluded to his race. Protests were held outside of his home in January by those looking to loosen public health measures⁷.

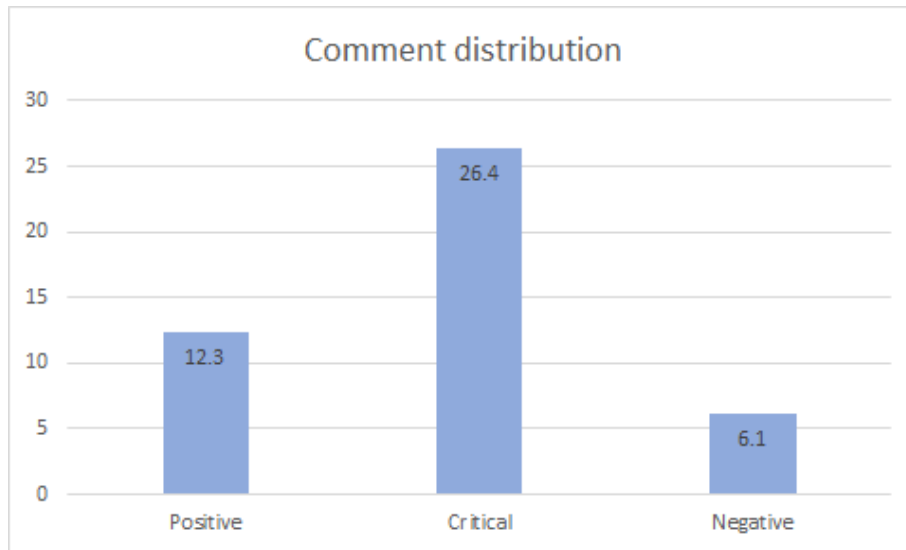


Figure 3.2. Comments towards Dr. Shahab.

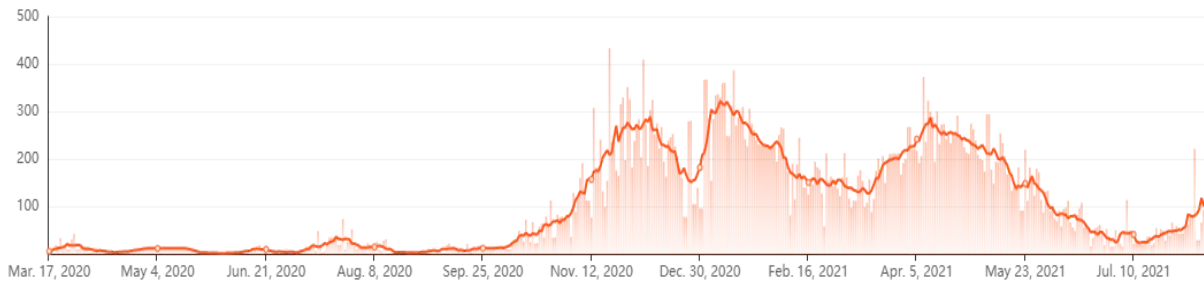


Figure 3.2. COVID cases in Saskatchewan

⁷ Mickey Djuric. Sask. government looking at more ways to protect top doc after weekend protest outside home. January 2021. CBC news.

Dr. Brent Roussin

Manitoba

Dr. Roussin has enjoyed positive attention, with critical comments from both those looking for looser measures and those looking for tighter ones⁸.

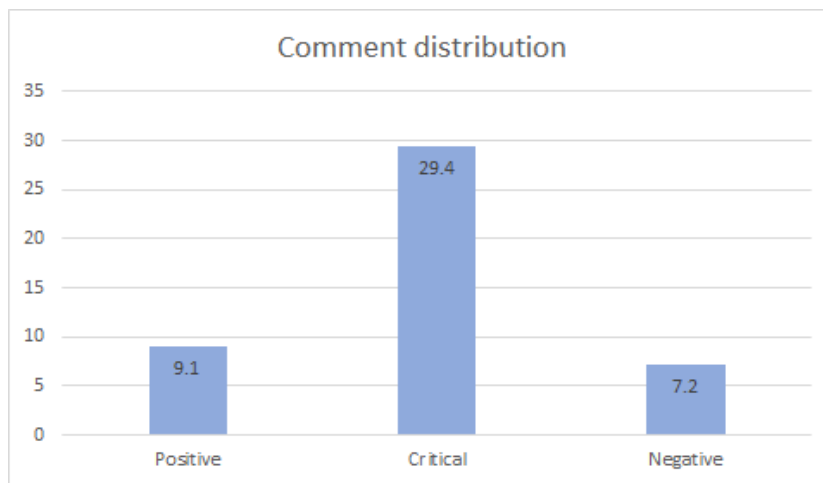


Figure 4.1. Comments towards Dr. Roussin.



Figure 4.2. COVID cases in Manitoba

⁸ Stephanie Tsicos. 'All pandemics end': How Dr. Brent Roussin became the face of the COVID-19 response in Manitoba. March 11, 2021. CTV News Winnipeg.

Dr. David Williams

Ontario

Dr. Williams retired in June 2021, and was replaced by Dr. Kieran Moore. Prior to this, he was significantly criticised in March 2021 as the third COVID wave hit Ontario, attributed to premature reopenings after the second wave.

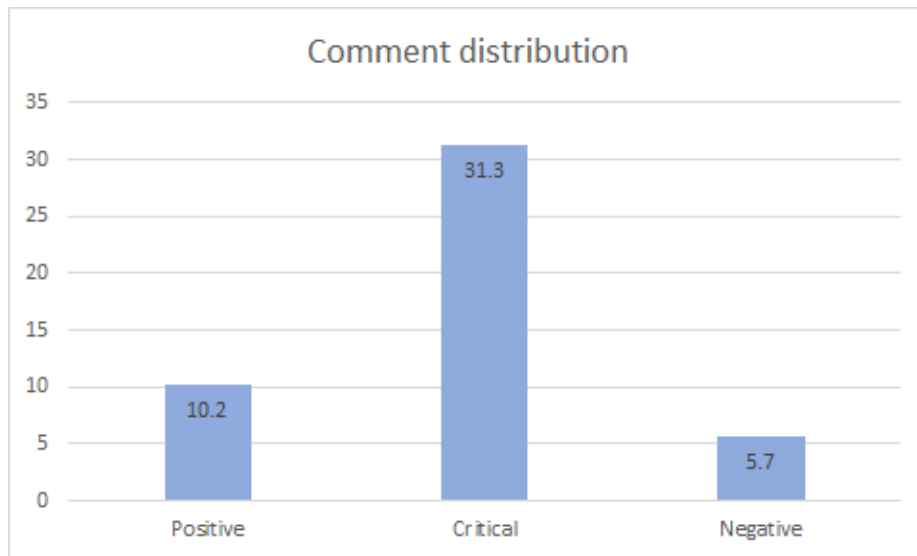


Figure 5.1. Comments towards Dr. Williams.



Figure 5.2. COVID cases in Ontario

Dr. Horacio Arruda

Quebec

Dr. Arruda is one of the officials having struggled the most with the limelight. While his decisions are supported, he has been criticised for his inability to stay concise and on messaging during briefings, eventually hiring a communications coach.⁹

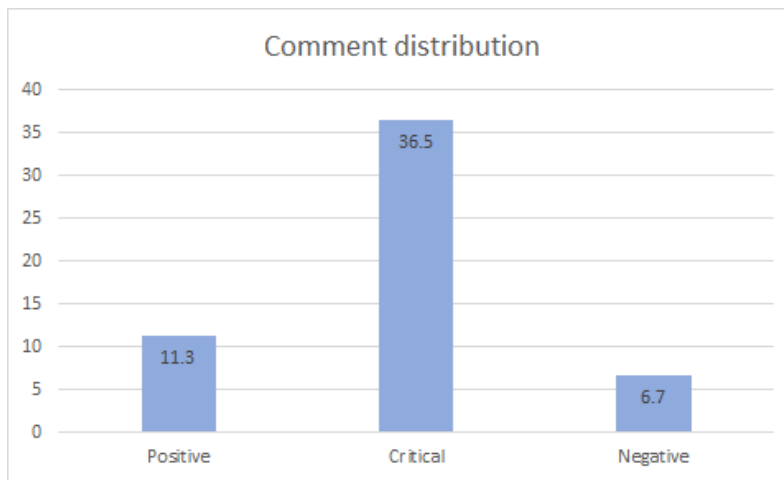


Figure 6.1. Comments towards Dr. Arruda.

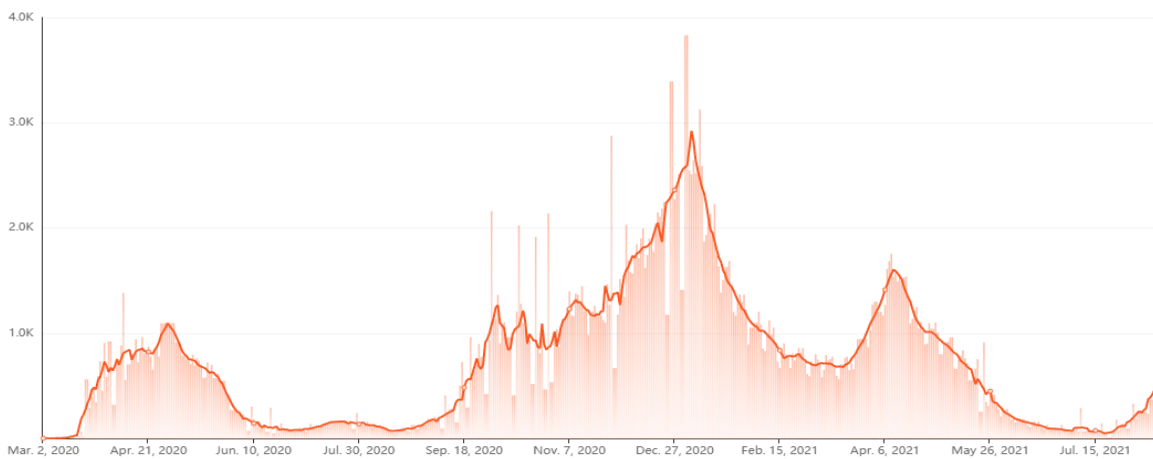


Figure 6.2. COVID cases in Quebec

⁹ Phillip Authier. Quebec's top doc, Horacio Arruda, gets a communications coach. Nov 11, 2020. Montreal Gazette.

Dr. Jennifer Russell

New Brunswick

Dr. Russell has had a very positive reception, being heralded as a hero by her alma mater¹⁰. Her handling of the pandemic has been praised, with criticism arising when clusters have been present in New Brunswick.

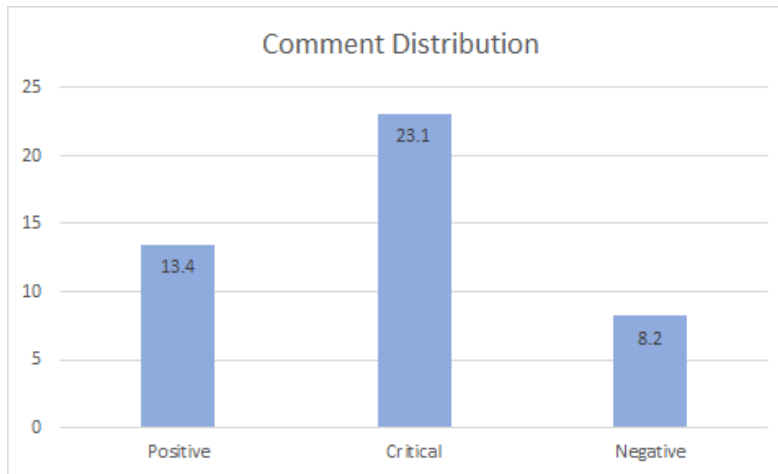


Figure 7.1 Comments towards Dr. Russell.

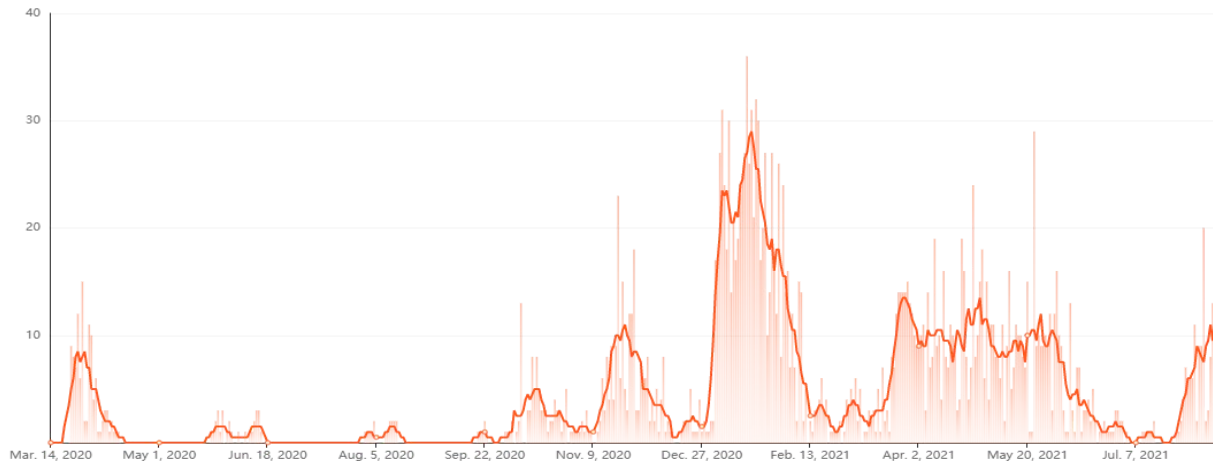


Figure 7.2. COVID cases in New Brunswick

¹⁰ UNB Alumni News Magazine. Fall/winter 2020. <https://www.unb.ca/alumni/magazine/winter-2020/dr-jennifer-russell-new-brunswicks-covid19-hero.html>

Dr. Robert Strang

Nova Scotia

Dr. Strang, while having been very positively received during COVID19 for his handling of the pandemic, has also reported receiving threats and being harassed, as well as invited to physical confrontation¹¹. He has acknowledged this is an issue many other officials have faces, especially women¹².

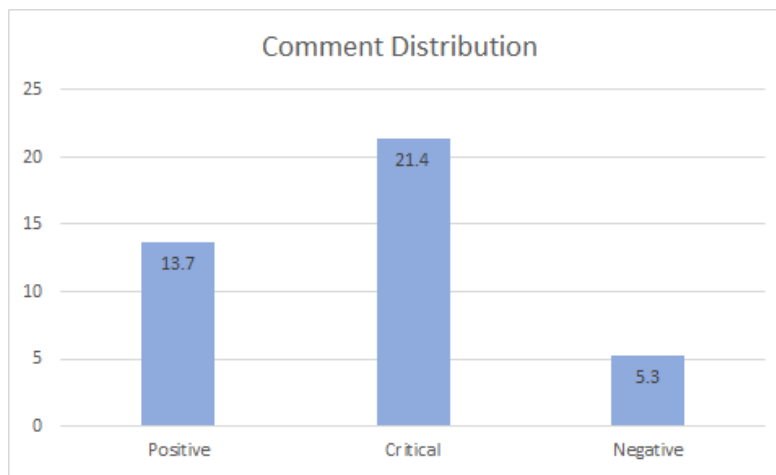


Figure 8.1. Comments towards Dr. Strang.

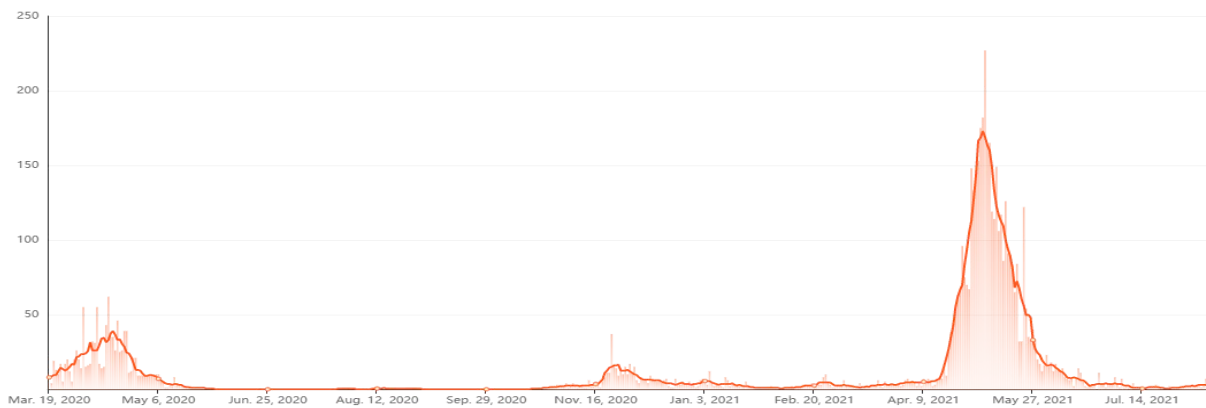


Figure 8.2. COVID cases in Nova Scotia

¹¹ Meghan Groff. Strang has been threatened with physical confrontation and faced 'unpleasant and hateful' comments. Sep 28, 2020. Halifax Today.

¹² Ibid.

Dr. Heather Morrison

Prince Edward Island

Dr. Morrison has been a very popular figure in PEI. Criticism has arisen when borders have been opened to other provinces in the summer of 2020. In the early days of the pandemic, she stressed the importance of being “grateful and kind”, pointing towards negative comments¹³.

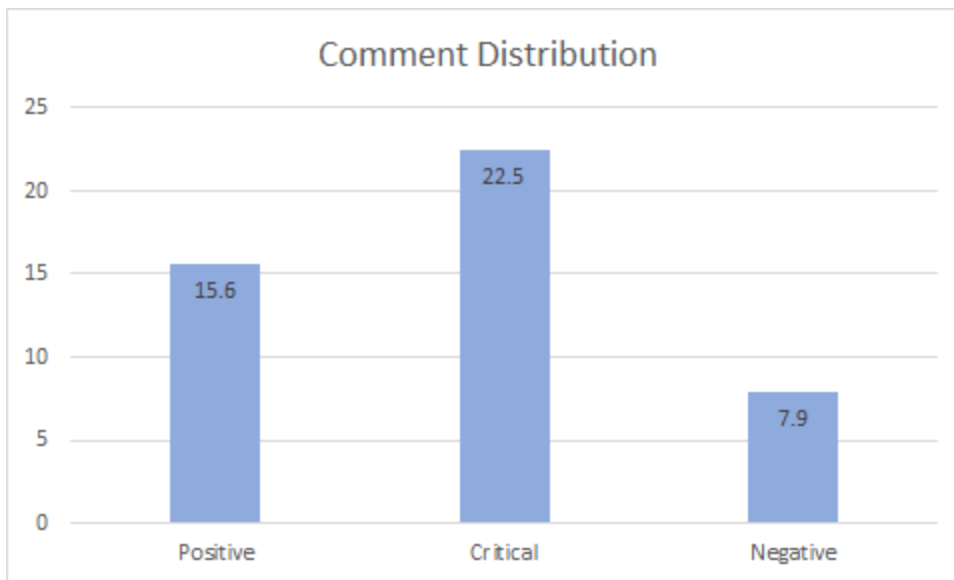


Figure 9.1. Comments towards Dr. Morrison.

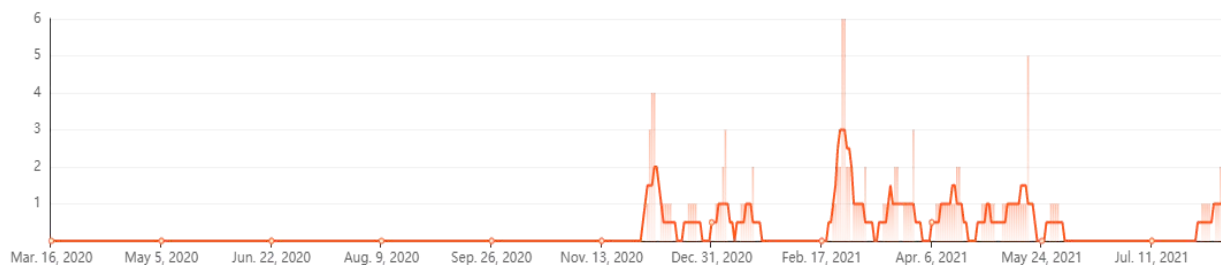


Figure 9.2. COVID cases in PEI

¹³ REPLAY: Dr. Heather Morrison asks Islanders to be patient and kind during coronavirus pandemic. Saltwire Network. May 22, 2020.

Dr. Janice Fitzgerald

Newfoundland and Labrador

Dr. Fitzgerald was mostly positively received, with opposition arising when the province first closed its borders, and constitutional challenges were made. Mandating masks also drew criticism, but she stated being led by the science¹⁴

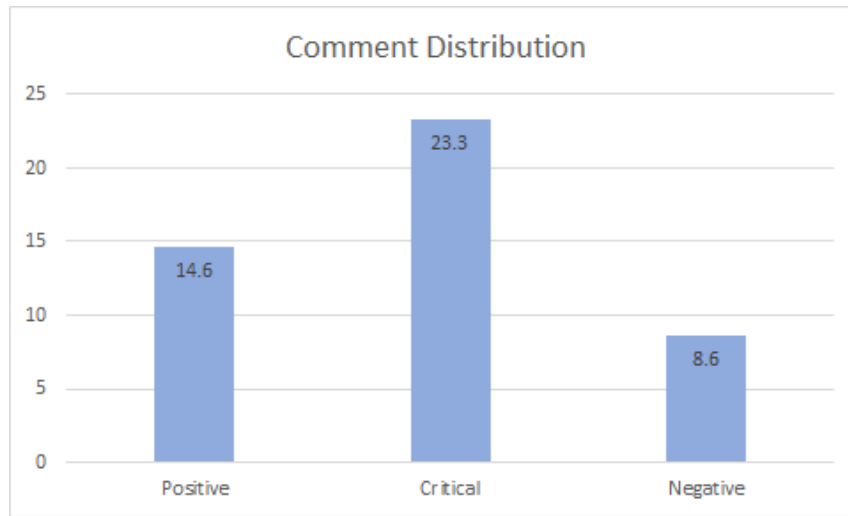


Figure 10.1. Comments towards Dr. Fitzgerald.

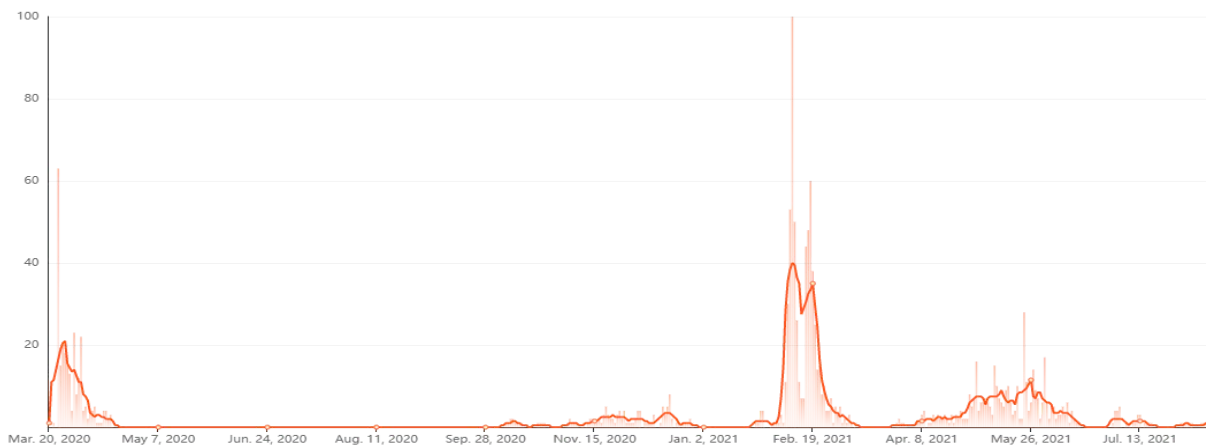


Figure 10.2. COVID cases in Newfoundland and Labrador

¹⁴ Peter Jackson. Newsmaker of the Year: Dr. Janice Fitzgerald was the face that launched a thousand special measures orders. Dec 31, 2020. Saltwire Network.

Dr. Kami Kandola

Northwest Territories

Dr. Kandola was praised for the public health measures. She was however faced with threats of bodily harm in January 2021¹⁵.

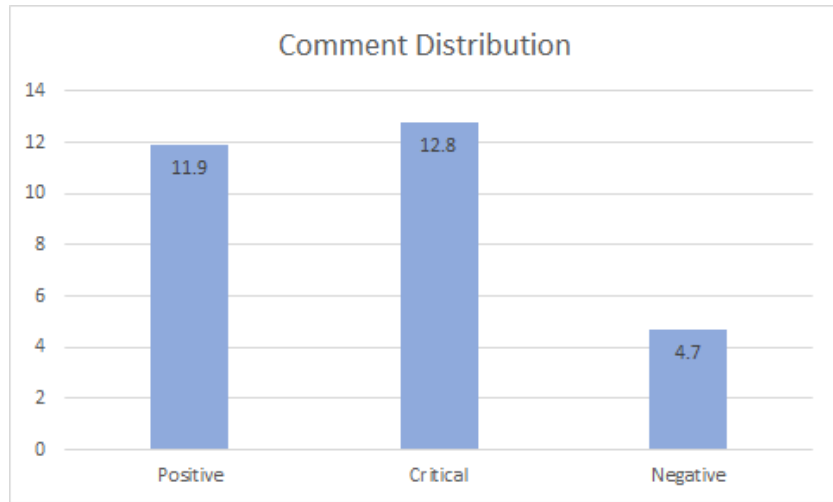


Figure 11.1. Comments towards Dr. Kandola.



Figure 11.2. COVID cases in Northwest Territories

¹⁵ James O'Connor. Man who threatened Dr Kami Kandola agrees to peace bond. April 27, 2021. Cabin Radio.

Dr. Brendan Hanley

Yukon

Dr. Hanley has been mostly positively received, with mild criticism and negative comments.

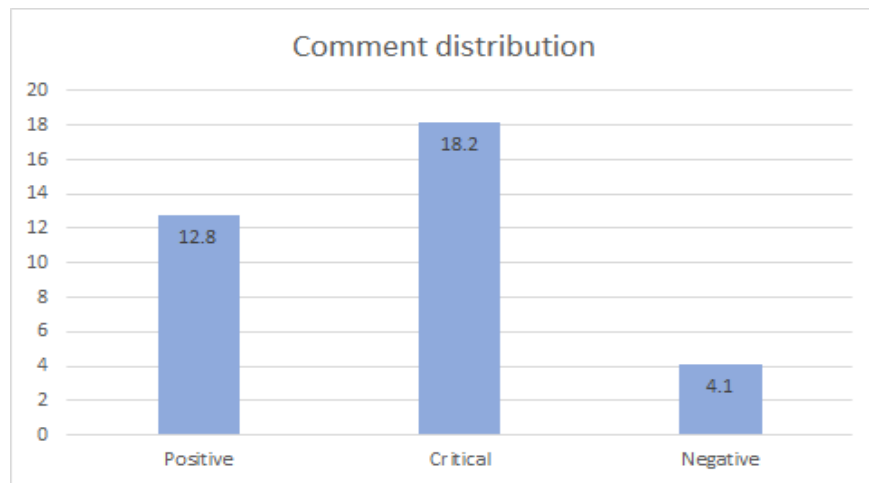


Figure 12. Comments towards Dr. Hanley.

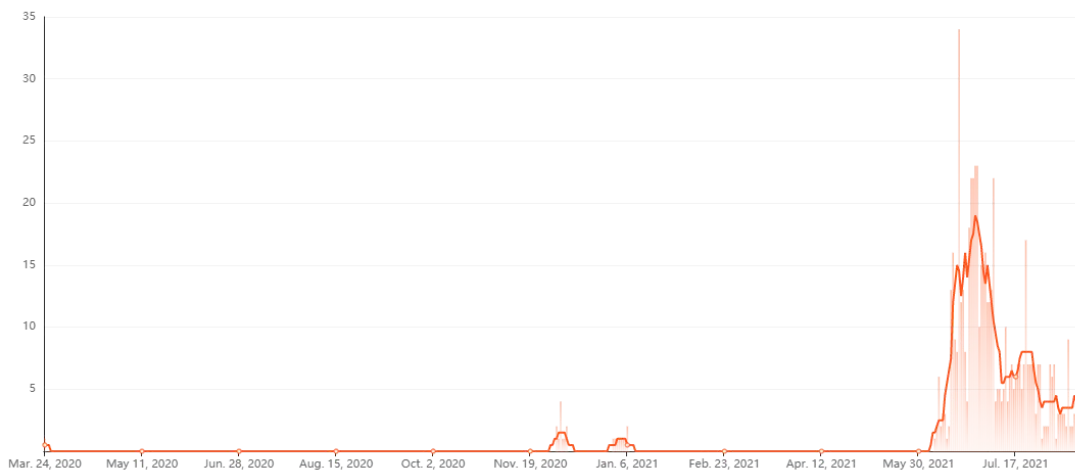


Figure 12.2. COVID cases in Yukon

Dr. Michael Patterson

Nunavut

Dr. Patterson has enjoyed positive feedback, especially in the months leading up to November 2020, when the territory had yet to have its first case¹⁶.

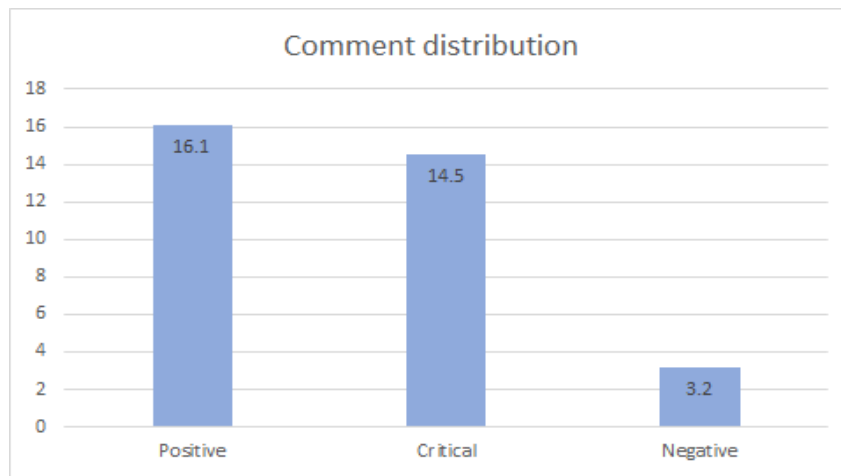


Figure 13. Comments towards Dr. Patterson.

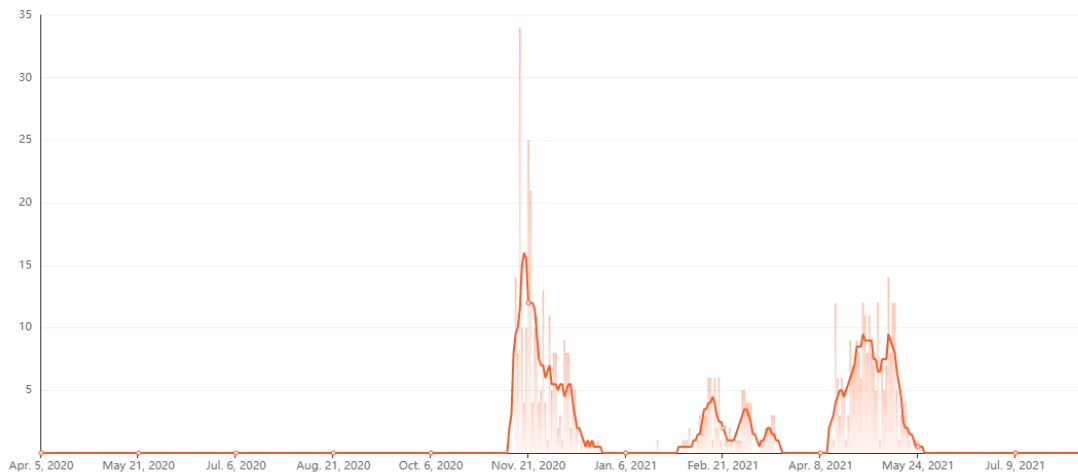


Figure 13.2. COVID cases in Nunavut

¹⁶ Prior to Nov 2020, there were few appearances by Dr. Patterson in the media, thereby weekly analysis could not be conducted.

Dr. Theresa Tam

Canada

Dr. Tam has had the most public facing role across Canada, drawing equal parts praise and backlash. The infodemic movement in Canada has largely focused on her as a target, with racist comments and questions of her competency arising.

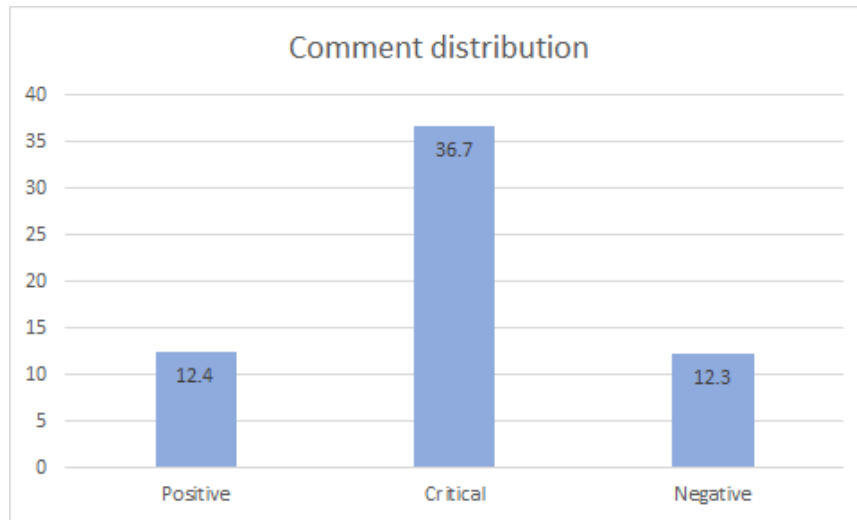


Figure 14.1. Comments towards Dr. Tam.

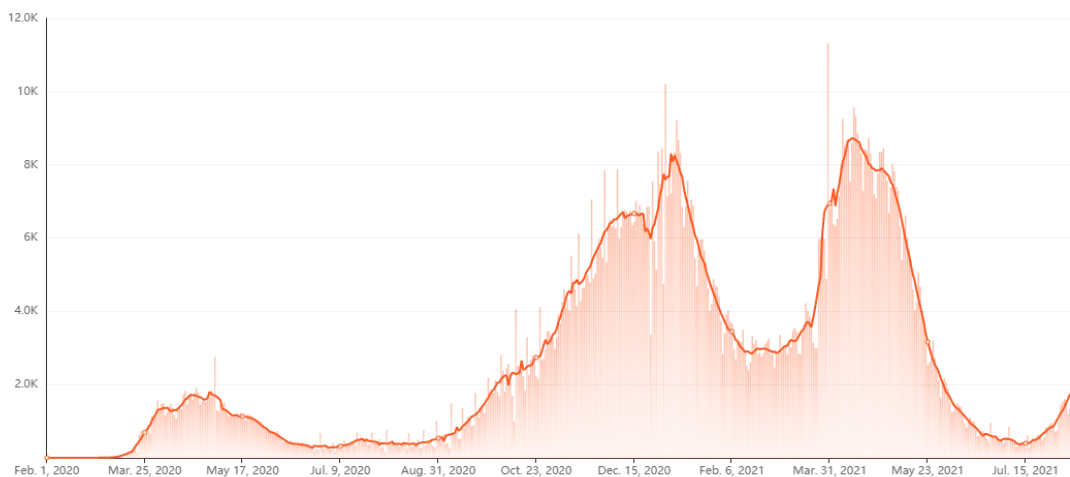


Figure 14.2. COVID cases in Canada.

Qualitative Data

By analysing social media comments' content, a few interesting observations can be made:

1. Language utilised

People are more likely to use colloquial language in comments to refer to women medical officers as opposed to men. Indeed, comments would often address women by their first names, while for men, their title and last name was usually used, even when being critical. Furthermore, gendered terms were more prominent when looking at women as opposed to men, with officials being referred to as “this woman” much more frequently than “this man”. Moreover, women tended to be viewed as more maternal and people showed a level of informality that was absent from male medical officers. This manifested in the form of Mother’s Day greetings as well as occasional comments referring to officers as mothers.

2. Respect of credentials

Women’s credentials were more likely to be questioned, with the idea of “competence” arising on average three times as much as for men in negative comments. Furthermore, women were more likely to be reduced to their public persona as opposed to men, with commenters bringing up the idea of fame as a motivating factor as opposed to their qualifications. Women were also more likely to be held to higher standards with similar outcomes in different regions being received differently with a male and with a female medical officer.

3. Intersectionality

When looking at Dr. Shahab and Dr. Tam, being a visible minority compounded the level of negative comments. Dr. Tam’s loyalty to Canada, especially, was questioned on multiple occasions. This highlights the importance of looking at all aspects of one’s identity when considering equity and accessibility.

4. Comment Count

Social media platforms frequently delete comments should they violate the terms of service. This includes expression that threatens people and has the potential to intimidate, exclude or

silence others, harassment and degradation, as well as openly discriminatory comments. Posts pertaining to women medical officers on average had 50% more deleted and hidden comments than those pertaining to male medical officers. While the content of these comments cannot be determined, they can be reasonably expected to violate the platform's community standards in some way.

Survey Responses

The survey responses received from public health offices showed similar trends and themes throughout:

1. Mixed bag of reception by the public

The sudden spotlight on the offices came with both positives and negatives. As one respondent explained:

"This was a mixed bag. While on one hand, we had the strong support of some of the community, on the other hand we also frequently received hate mail and threats. For an office that was relatively obscure before COVID, this was a quick learning curve."

Hence, the online comments may be seen as an extension of reactions from the public on the ground. One respondent furthermore detailed an incident of threats being sent to their home address, and having to have law enforcement involved.

2. Social media diet

When asked about cyberviolence, a common thread was a certain level of social media avoidance by the officers themselves. One respondent wrote:

"We were dealing with information from all directions. There really is not much time to read about what is being said about me personally. All I can do is make decisions based on the best information available."

This sentiment was echoed by most respondents, though one person wrote:

"While I knew I had no time to focus my attention online, I heavily relied on my team to get a sense of what was happening on the ground, so as to best determine my messaging."

This proves to be an interesting conundrum: while on one hand, the office needs to ensure it is acting based on the science available, on the other, it is imperative to soothe hesitations and

ensure a maximum number of people were following protocols laid out. One respondent summarises this perfectly:

“Social media is a necessary evil. Without it, we would not be getting our messages as quickly, but it also comes with its many hiccups.”

5. Social Media Perceptions of Health Ministers

Table 2 shows social media perceptions with regards to health ministers across Canada.

Ministers	Region	Dates	Positive	Critical	Negative
Adrian Dix	British Columbia		9.1	27.2	7.1
Tyler Shandro	Alberta		4.2	31.4	6.2
Jim Reiter	Saskatchewan	to Nov 9, 2020	5.1	30.5	7.9
Paul Merriman	Saskatchewan	from Nov 9, 2020	6.2	29.4	7.6
Cameron Friesen	Manitoba	to Jan 28, 2021	4.9	33.2	8.2
Heather Stefanson	Manitoba	from Jan 28, 2021	6.7	28.7	9.1
Christine Elliott	Ontario		6.4	34.2	10.1
Danielle McCann	Quebec	to June 22, 2020	5.3	29.4	9.3
Christian Dubé	Quebec	from June 22, 2020	7.3	28.5	9.1
Ted Flemming	New Brunswick	to Sep 29, 2020	6.3	34.4	8.1
Dorothy Shephard	New Brunswick	from Sep 29, 2020	7.2	34.1	7.6
Randy Delorey	Nova Scotia	upto Oct 8, 2020	5.4	28.7	8.6
Leo Glavine	Nova Scotia	from Oct 8, 2020	5.9	27.5	7.9
James Aylward	PEI	to Feb 5, 2021	3.2	32.4	8.3

Ernie Hudson	PEI	from Feb 5, 2021	4.3	30.9	8.4
Dr. John Haggie	Newfoundland and Labrador		7.1	26.5	5.4
George Hickey	Nunavut		5.6	16.2	4.9
Lorne Kusugak	Nunavut		6.8	15.9	4.5
Pauline Frost	Yukon		6.7	15.1	6.2
Julie Green	Northwest Territories		6.5	14.3	5.4
Patty Hajdu	Canada		7.9	24.5	8.9

Table 2. Comment distribution towards health ministers across Canada

Interestingly, when looking at social media perceptions of health ministers and other elected officials, there is no statistical difference to be seen when it comes to the distribution of comments. The ratio of positive to negative comments is fairly consistent with the distribution of cases, both by region and by time. Critical and negative comments frequently spike with cases, showing a clear correlation. This may be due to the public’s familiarity with elected officials, and the knowledge of what to expect, as opposed to the role of chief public health officers.

Conclusion and Recommendations

It can be seen that women receive on average a higher number of negative comments, while comments for men tend to be less negative, even if more critical. Furthermore, negative comments towards women frequently had derogatory or sexual language involved, being completely irrelevant to the actual issues being discussed in the article linked. Frustrations with non-medical aspects of the pandemic also tended to be blamed on medical officers, such as rent payments, childcare or availability of sick leave.

Some recommendations to reduce gender-based cyberviolence would include:

1. For online platforms

A better determination of community standards and terms of service to ensure a safe environment for everyone on these platforms. This includes firmer measures against discrimination, threats and harassment, as well as other forms of technology-facilitated violence.

2. For government

While legislation currently exists in Canada to protect Canadians from online crimes, this legislation does not make reasonable accommodations for legal responses for those against whom violence is being perpetrated. Solutions could include:

1. The introduction of a digital charter to combat hate speech and harassment.
2. Collection of disaggregated data when it comes to online hate crimes, including racially-motivated and gender-based violence.