

Men, Masculinities, and a Global Pandemic: Exploring the Politics of Masculinities and Interlocking Relations of Power During the Initial Stage of COVID-19

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Abstract

This article reflects on and analyzes interlocking relations of power pertaining to the politics of masculinities during the initial stage of the COVID-19 pandemic. Situated within the context of the current global pandemic, we apply masculinities theories, feminist theoretical insights, and cultural studies of men and masculinities to various social, political, and economic contexts. In this article we argue that the conditions created by the global pandemic in its initial stage fuelled the resurgence of hegemonic masculinity. Accordingly, we identify and explore how pandemic responses and outcomes have been impacted by masculinities while also examining white-hegemonic-masculine ideals during a time of crisis. Analyzing data from foundation reports, international organizations, and other materials connected to our analysis of white hegemonic masculinity, we discuss how, during the initial stage of the pandemic, vulnerable populations, particularly women and communities of colour, were impacted by a resurgence of hegemonic masculinity. We further discuss how during this time the increase in men's violence, women's disproportionate caregiving, and men's desire to appear strong and "manly" certainly implicated the ways in which hegemonic masculinity impacted the lives of women and children during a time of crisis. Thereby, light is shed on the multiplicity of complex and fluid ways in which the politics of masculinities shaped a global pandemic. Our findings have implications for social work practitioners and educators interested in gender justice.

Keywords: gender, masculinities, social work, COVID-19

Introduction

In the initial stage of the global pandemic, a middle-aged white man committed a horrific act of mass murder in the province of Nova Scotia, Canada. The mass shooting in Portapique, Nova Scotia, in April 2020 began with a violent domestic assault by the gunman on his common-law spouse. According to various news reports, the gunman restrained his common-law spouse after physically assaulting her. The woman was strong enough to release herself from confinement, escape to the woods, emerge at dawn, and seek help from a neighbour (Bourgeois, 2020; MacDonald, 2020). The gunman, aged 51, died in a shootout with police after going on a rampage that spanned two days, April 18 to April 19, 2020, and killed 22 victims in multiple locations across Nova Scotia. It was the largest mass shooting in Canadian history (MacDonald, 2020). This horrifying and menacing act of gendered violence in Nova Scotia must be understood in relation to patriarchy, white-male rage, and men's social

domination in Canada and elsewhere, and also in the context of the COVID-19 pandemic, which exacerbated gender inequalities. We begin this article with this grim, calculated incident of men's violence to help throw into sharp relief the ways in which white hegemonic masculinity expressed itself during the initial stage of the global pandemic in homes, at work, and in the streets.

During the initial stage of the pandemic, increases in domestic violence, femicide, and women's unpaid domestic labour began to emerge as locations for manifestations of white hegemonic masculinity (see, for example, Bourgeois, 2020; Catalyst, 2020; Patel, 2020; United Nations, 2020a; United Nations Population Fund, 2020). Compounded by racial disparities that affected Black, Indigenous, and other racialized communities to a much higher degree than their white counterparts, these shifting relations demonstrated how gender reshaped the COVID-19 crisis in significant ways (Kopel et al., 2020). In this article, we argue that the gendered impact and effects of this crisis played a key role in how white-hegemonic-masculine ideals began to surface (Ewig, 2020). Gender and its interactions with class, race, and immigrant status impacted several dimensions of this crisis and raised the alarm on long-standing inequities and socio-economic marginalization that resulted in a "shadow pandemic" (United Nations, 2020b) and "a pandemic on a pandemic for Blacks" (Laurencin & Walker, 2020, p. 10) and other racialized communities (Ewig, 2020; Mlambo-Ngcuka, 2020; Vogel & Eggerston, 2020). Situated within a variety of contexts, we explore how the pandemic in its initial stage impacted gender relations and amplified hegemonic versions of masculinity.

The Initial Stage of the COVID-19 Pandemic

Our study's temporal framework spans from early March 2020 to the beginning of July 2020. In March 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic (WHO, 2020). Following this declaration, regions across Canada and the United States were initiating "Stage 1" protocols such as physical distancing, shelter-in-place mandates, school and child-care closures, social and economic lockdowns, and border closures. We characterize this time of the pandemic as the *initial stage*. The beginning of July 2020 marked the end of the initial stage of the pandemic as many regions across Canada and the United States temporarily eased some of these measures, including physical distancing, and further reopened the economy to some degree. Although the beginning of July 2020 denotes the end of our exploration into masculinities during the COVID-19 pandemic, we recognize that our research does not fit neatly into the paper's temporal framework. Various factors contributing to the pandemic were certainly circulating prior to March 2020, just as the confluence of these pandemic factors and evolving events continue to extend beyond our bounded timeframe. Given the existing gender inequities broadly, and the ways in which the coronavirus pandemic has intensified them, exploring and understanding how the pandemic, in its initial stage, impacted gender relations is of critical importance to social workers and educators who work to challenge and undermine hegemonic versions of masculinity.

Although our focus is primarily on the Canadian and American contexts, we incorporate some broader global trends in relation to the pandemic and masculinities. Change and resistance to power in gender practices are influenced by wider cultural and economic change brought on by a global crisis and cannot be understood without a discussion of gender relations in both local and transnational arenas (Connell, 1995; Connell & Messerschmidt, 2005; Messerschmidt, 2021). To provide context for emerging research during the initial stage of the

pandemic, we set out to explore (a) how pandemic responses and outcomes have been impacted by masculinities and (b) the different forms through which masculinities have appeared and become exacerbated by heightened white-hegemonic-masculine ideals during a time of crisis. Drawing from a multidimensional feminist tradition (Brown & Ismail, 2019) and applying masculinities theories (Connell, 1995) to the events and circumstances of the initial stage of the COVID-19 pandemic crisis, our article addresses these questions and offers key insights to social workers, educators, and other professionals affected by interlocking relations of power associated with white hegemonic masculinity and the corresponding impacts of this historical crisis on social, political, and economic systems. Moreover, this article demonstrates how white hegemonic masculinity has implications that span the continuum of social work from micro to macro levels and canvasses gender relations during a time of a global crisis. In doing so, this article serves as a useful resource to inform professional practice in a variety of fields, including social work and education, in which the implications of masculinities are deeply embedded.

Theoretical Framework

The theoretical support for this study comes from a multidimensional feminist-theories approach (Brown & Ismail, 2019) and draws from the work of Black feminist scholars (e.g., Crenshaw, 1991; Hill Collins, 1990; hooks, 1998), critical studies of Indigenous men and masculinities (e.g., Cannon, 2019; Innes & Anderson, 2015; McKegey, 2014), and the cultural and educational studies of masculinities more broadly (e.g., Connell, 1995, 2000; Connell & Messerschmidt, 2005; Kimmel, 2008, 2013; Messerschmidt, 2021). This article supports Connell's key insights that there is no single masculinity but rather multiple masculinities situated within a gendered hierarchy, and that these masculinities are relational, situated on local and global scales. Evidence from cultural, educational, and ethnographic studies challenges the tendency to view men as a homogenous group and masculinity as a monolithic, fixed, and ahistorical construct (Connell 1995, 2000; Connell & Messerschmidt, 2005). Understood and informed by Crenshaw's (1989, 1991) concept of *intersectionality*, which was developed in response to the ways in which Black women experience multiple and interlocking systems of oppression based on race, class, and gender, the many versions of competing models of masculinity are best understood as affected and shaped by overlapping and intersecting systems of oppression and privilege. The social position of other men as differentiated by social class, race, ethnicity, nationality, sexuality, bodily abilities, functions to separate and classify men. At the top of the gender hierarchy sits hegemonic masculinity.

Hegemonic masculinity is best understood as the most idealized version of masculinity in a "given historical and society wide setting that legitimates unequal gender relations between men and women, between masculinity and femininity and among masculinities" (Messerschmidt, 2019, p. 86; see also Connell & Messerschmidt, 2005). Situated in hierarchal relations of power, hegemonic and non-hegemonic models of masculinity—which include subordinate, complicit, marginalized, and protest understandings of and about masculinity—need each other. These rival notions of masculinity are defined against and in relation to each other as well as against femininity (Connell, 1995). As it stands today in Canada and United States, hegemonic masculinity is associated with being cisgender, youthful, able-bodied, wealthy, intelligent, athletic, hyper-competitive, physically and emotionally independent, assertive, confident and knowledgeable, capable of violence, especially "retaliatory violence"

(Kimmel, 2013, p. 92), and, most of all, heterosexual (Jourian, 2017). In the current hierarchal configuration of contemporary western masculinities, transgendered men, non-binary and gender-nonconforming people who are masc-presenting, and gay men continue to be subordinated and systematically made targets of neglect, prejudice, and violence. It was not surprising then that, during the initial stage of the pandemic, transgender, non-binary, gender-minority, Black, Indigenous, and racialized communities experienced higher risk of violence, unemployment, and workplace discrimination than other populations. During the initial stage of the pandemic, these communities also experienced higher risk of exposure to the virus and its adverse effects and lessened access to social support (Fowers & Wan, 2020; Woulfe & Wald, 2020). The prominence of able-bodied, heterosexual white men and women was a key theme that consistently emerged in the data collected during the initial stage of the pandemic and, as we explore below, its associated manifestations surfaced in myriad destructive ways during this time frame.

Sources and Methods

This article is the culmination of research undertaken during the first four months of the COVID-19 pandemic. We examined emerging data from academic journals, published studies, foundation reports, international organizations, and various databases to develop a comprehensive understanding of how COVID-19 was shaping and reshaping gender relations with a particular focus on men and masculinities. To deepen our evidentiary base, we also drew on various emerging reports and policy briefs published by national and international-organization databases. We also made extensive use of various online media outlets and various periodicals circulating in the time of the global pandemic. To gain a broader perspective, we included articles from Canadian national daily newspapers and were also attentive to various Canadian periodicals.

In this research, our approach emphasized exploration and the five-phase method of theory-building. *Theory-building* can be described as “the purposeful process or recurring cycle by which coherent descriptions, explanations, and representations of observed or experienced phenomena are generated, verified, and refined” (Lynham, 2000, p. 161). Through the ongoing process of producing, confirming, applying, and adapting theory, our research aimed to expand the outcome and process knowledge of masculinities (Lynham, 2000). By synthesizing a broad range of literature, research, and data to provide evidence or confirm explanations for a given phenomenon (Colquitt & Zapata-Phelan, 2007; Bhattacharjee, 2012), progression through the five stages of general theory-building (i.e., conceptual development, operationalization, confirmation/disconfirmation, application, ongoing refinement and development) allowed us to plausibly explain masculinities in a unique and unprecedented context (Lynham, 2002).

Our methods provide readers with a broad overview of various enactments of masculinities as they occurred during the initial stage of the pandemic, with a particular focus on detailing how pandemic responses and outcomes were impacted by masculinities, as well as the different forms through which masculinities appeared and became exacerbated by heightened white-hegemonic-masculine ideals during a time of crisis. The thematic areas pertaining to men and masculinities during the initial stage of the pandemic included white hegemonic masculinity; white patriarchal masculinity and the problem of violence; men, masculinities, and domestic violence; masculinities, risk perception, and health-protective

behavioural responses; and men, masculinity, and caregiving. We begin our analysis with an exploration of the male violence that unfolded during the initial stage of the pandemic, with a particular focus on the problem of white hegemonic masculinity.

White Hegemonic Masculinity and the Problem of Violence During the Pandemic

Despite changing patterns of immigration that have led to greater racial, ethnic, and linguistic diversity in North America (Anisef et al., 2010; Statistics Canada, 2006), hegemonic masculinity is closely associated with whiteness (Kimmel, 2013; Stanley, 2011; Syed & Hill, 2011). Which is to say, being a “real man” in Canada and in the United States today remains tied to being white. In his 2019 book, *Men, Masculinity and the Indian Act*, Indigenous scholar Martin Cannon documented how sexism and racism as interlocking systems of oppression within Canadian law, through the Indian Act and those people who govern the criminal justice system, have functioned historically to prop up and empower white masculinity while marginalizing Indigenous masculinity. Of course, the criminal-justice system is not alone in this, as institutions in Canada and the United States are rooted in settler myths and white colonial mindsets and practices (Simpson, 2016). Today, many men at the top of the social, political, and economic hierarchy and across private and public sectors, including in post-secondary education and health care, are noticeably white, wealthy and able-bodied (Doolittle & Wang, 2021). During the initial stage of the pandemic, the vast majority of men at the top of the social and political hierarchy were noticeably able bodied, white, and wealthy, such as Canadian Prime Minister Justin Trudeau and American President Donald J. Trump. It was men such as Trump who, as Messerschmidt (2021) pointed out, were “calling the shots” (p. 189). This is significant since an appropriate masculinity is defined by one’s ability to dominate other men and women, it is not hard to see how gender, power, prestige, status, safety, health, and race are intimately tied together (Connell, 1995). In this sense, racialized minorities such as Indigenous, Black, and Asian men are largely precluded from the most socially valued version of masculinity (Cannon, 2019; Stanley, 2011), highlighting how masculinities work in conjunction with racism to enable and prop up white supremacy.

Histories of violence and systematic discrimination at their fundamental level are rooted in processes that function to sustain and reinforce power structures that advantage men as a group over women as a group, as well as particular men over other men (Carrera-Fernández & DePalma, 2020; Ramazanoglu, 1992). Hegemonic masculinity, which emphasizes the need for men to use physical, emotional, and psychological violence when needed and to hold control over women, intensified as the COVID-19 pandemic took hold around the globe. During the initial stage of the pandemic, multiple systems of control emerged and manifested themselves through the gendered and racialized forces circulating during this time. Set against the backdrop of numerous unarmed Black men and women killed by police, including Trayvon Martin (died February 26, 2012), Eric Garner (died July 17, 2014), Michael Brown (died August 9, 2014), Tamir Rice (died November 22, 2014), and Freddie Gray (died April 19, 2015) was the fatal shooting of Ahmaud Arbery on February 23, 2020, by two white men. (Arbery was out for a run in a neighbourhood in southern Georgia in the United States.) Although the killing of unarmed Black men and women is by no means a new pattern of behaviour enacted by law enforcement or those making citizens’ arrests, the intersection of socio-demographic variables such as social class, race, and authority dynamics of the superiority and inferiority dyad were heightened with this case (Laurencin & Walker, 2020; Smiley & Fakunle,

2016). Within the context of the global pandemic, the shooting of Ahmaud Arbery spurred the reinvestigation of a deeper narrative of deadly force enacted on justice-deserving victims and its connection to intersecting social-justice variables such as race, gender, and social class (Smiley & Fakunle, 2016). This narrative would resurface less than a week later in Louisville, Kentucky, with the death of Breonna Taylor on March 13, 2020, and again shortly thereafter.

On May 25, 2020, George Floyd, a 46-year-old Black man, was killed by police in Minneapolis, Minnesota, during his arrest for allegedly using a counterfeit \$20 bill. Held down by a white, male police officer who knelt into his neck for nearly nine minutes, as three other officers took no action to stop him, the now well-known three words, “I can’t breathe,” were spoken again by an unarmed Black man while in police custody (Hill et al., 2020). The murder of George Floyd highlighted, in many respects, the long-standing and disturbing racial issues deeply embedded in the criminal-justice system, particularly policing (Alexander, 2020; Maynard, 2017). Unabated racism, unrestricted discretion, complicity with excessive force while in or during police custody, and disregard and indifference for humanity were some of the vile acts revealed in the highly publicized video of the event. Stirring global outrage, the death of George Floyd served as a glaring reminder that “we have not ended racial caste in America; we have redesigned it” (Alexander, 2020, p. 2). It also served as a reminder of how white hegemonic masculinity and white supremacy are co-produced and are deeply entrenched in colonial law-enforcement structures (Cannon, 2019).

In addition to the exposed and explicit racism demonstrated in the video, the complicity of the other arresting officers also speaks to how hegemonic masculinity influences, prescribes, and shapes police officers’ displays of masculinity. To be sure, the complicity displayed by the other three male officers reveals the dynamics involved in the maintenance of an “appropriate” *police masculinity*. Police masculinity embraces and endorses values that conform to hegemonic models of masculinity, including an adherence to the “brotherhood” that literally and metaphorically binds an officer to fellow officers. Within a police brotherhood is a code that demands the notion of silence. Better known as the “blue wall of silence,” the code requires police officers to remain silent if another officer commits wrongdoing, including using force (Nolan, 2009). This form of police masculinity, regardless of the factual truth or falsity of statements or representations, serves to strategically uphold power structures in law enforcement. Operating in the confines and context of the blue wall of silence, “police conspire to conceal the truth about incidents in which they become involved that might lead to public scrutiny, misleading those who have an interest in knowing” (Nolan, 2009, p. 250). But that is not all. Members of the police service are also “conscious and deliberate in their deception because it is reflexive” and fortified and strengthened in a way that is grounded in masculine hegemony and secrecy (Nolan, 2009, p. 251). Silence, in this particular case, was exercised in the three male officers’ failure to act against the kneeling officer. The cultural mandate to protect the police brotherhood at all costs behind the blue wall of silence, which is grounded in hegemonic masculinity’s demand for camaraderie and fraternity, became evident when associated support structures rallied to protect the officers while demeaning the victim. This tactic, which serves to uphold white-masculine social supremacy and justify the patterns of violence, often becomes particularly evident in the narratives that emerge following the death of Black, Indigenous, and other racialized victims (Maynard, 2017).

Just over a week after the murder of George Floyd, Chantel Moore, a 26-year-old Indigenous woman from Tla-o-qui-aht First Nation in British Columbia, was shot as police were carrying

out a wellness check. Moore's death is consistent with the "ongoing project of dispossession" at the hands of law enforcement (Simpson, 2016, p. 7). Further, according to Ben-Moshe (2020), the presence of a disability or mental health "is conceived of as a deficit, something in need of correction, medically/psychiatrically or by the correction industry, but not as a nuanced identity from which to understand how to live differently, including reevaluating responses to harm and difference" (p. 1). Moore's killing also calls attention to the ways in which the white colonial settler state "moves through bodies, through flesh," rendered by the disproportionate killings by police and by the bodies of the murdered and missing Indigenous women and girls (Simpson, 2016, p. 7).

Moore's killing and the murders of Indigenous persons by police are symptomatic of Indigenous dispossession in the form of increased vulnerability to harm, violence, and death, all of which are an enactment of the ongoing process and structures of white settler colonialism (Simpson, 2016). Sexism and racism are interlocked in such a way that "racialized female prisoners are understood as 'the kind of social threat' that—like male prisoners—require harshness rather than sympathy" (Chapman et al., 2014, p. 1). These enactments of the ongoing process and structures of white settler colonialism highlight the ways in which the murders, violence, threats of institutionalism, pervasiveness of incarceration, poverty, and suicides are "systemically kept in place by the powers that be" (p. 1), ultimately advancing white settler colonialism (Ben-Moshe, 2020).

The events leading up to and including George Floyd, Breonna Taylor, and Chantel Moore's killings during the initial stage of the pandemic sparked global protests in favour of police defunding and abolishment. Inherent in the calls for defunding and abolishment is the reality that, although police are not trained as social workers, they often respond to situations that call for social work intervention (National Association of Social Workers [NASW], 2020.) and that these calls increasingly end in the disproportionate killings of Indigenous, Black, and racialized persons. Greater involvement of social workers has been at the centre of police defunding and abolishment efforts and is cited as a key factor in reducing police interventions that result in death among communities of colour (NASW, 2020). Important to consider, however, are the multiple and often invisible ways in which carcerality remains deeply infused within the social work profession (O'Brien et al., 2020). For example, social work as a carceral profession often strengthens carceral logic and the pathologizing of those incarcerated within jails and prisons through work aimed toward reform and rehabilitation (O'Brien et al., 2020). Further supporting this notion, Richie and Martensen (2020) contended that the "dramatic shifts in how this country [United States] understands, uses, responds to, and, in some sense, creates 'crime' in contemporary society" largely affect racialized communities that have been the focus of social work attention for decades (p. 12). Systemic, community-based programs that aim to mitigate the impacts of over-criminalization among racialized communities are an integral component to understanding of the relationship between white supremacy and hegemonic masculinity (NASW, 2020). In the following section, we explore how white hegemonic masculinity manifested in other contexts, such as in the private sphere, and analyze the drastic increases in domestic and gender-based violence during this time.

Men, Masculinities, and Domestic Violence During COVID-19

Surveys, reports, and articles published during the first four months of the global pandemic emphasized the increased risk of domestic violence (Patel, 2020; United Nations,

2020b; United Nations Population Fund, 2020). A Canadian survey, conducted from May 18 to July 20, 2020, of 376 staff and volunteers working at transition houses, shelters, immigration centres, and other social agencies confirmed those fears. Close to half of those surveyed mentioned they noticed changes in the prevalence and severity of violence, with 82% of volunteers saying violence had increased in severity and frequency. A fifth of those surveyed said abusers' violent tactics had changed and control over their victims increased, including a sharp rise in cases of strangulation (Dubinski & Margison, 2020). Certainly, the COVID-19 lockdown put women and children at even greater risk of men's violence (Sampert, 2020). The microenvironment of isolation, economic insecurity, marginalization, and fewer social supports directly impacted the lives of women and children. The pandemics of COVID-19 and sexual violence intersected. Some men's tendencies to experience gender anxieties when in subordinate positions to women are indirectly related to sexual-aggression perpetration via adherence to the sexual-dominance norm. Thus, men who endorse hegemonic masculine norms may feel compelled to be sexually aggressive or coercive toward an intimate partner to maintain their need for dominance and control, which is certain to intensify during a global pandemic (Connell, 1995; 2000).

The implications of sexual violence raised concern for various organizations. The International Planned Parenthood Federation reported more than 5,000 clinics had closed in 64 countries during the early months of the pandemic. Further, a United Nations report published in April 2020 warned that the first three months of quarantine would likely result in a 20% increase in intimate-partner violence across the globe (United Nations Population Fund, 2020, p. 4). As the COVID-19 pandemic deepened economic and social stress coupled with restricted movement and social isolation measures, gender-based violence increased exponentially. Many women were being forced to 'lockdown' at home with their abusers while services to support survivors were disrupted or made inaccessible (United Nations, 2020b, p. 2). The report went on to note that men's violence in the domestic sphere was likely to increase, as "crowded homes, substance abuse, limited access to services and reduced peer support are exacerbating these conditions." Striking a more ominous tone, the writers of the report warned that "before the pandemic, it was estimated that one in three women will experience violence during their lifetimes. Many of these women are now trapped in their homes with their abuser" (United Nations, 2020b, p. 19).

The increase in domestic violence was not bound by geographical location in the first few months after the lockdown began in March 2020. A report published in April 2020 in the United Kingdom found that calls to domestic-abuse helplines increased by 120% and traffic to their websites tripled during the early weeks of the pandemic (Taub & Bradley, 2020). In Canada, Maryam Monsef, minister for women and gender equality, stated that the COVID-19 crisis empowered perpetrators of domestic violence as consultations revealed that abuse rates were rising in parts of the country. "What the pandemic has done with the self-isolation measures, with the closures of some of the support systems, is create a powder keg," Monsef warned (as cited in Patel, 2020, para. 2). Increased demands for emergency shelter during this time were reported in Germany, Spain, the United Kingdom, and the United States (Mlambo-Ngcuka, 2020), and increased requests for help from violence survivors were reported in Australia. Financial stress, social isolation, confinement, and increases in substance abuse due to the COVID-19 pandemic all increased the risk of domestic and intimate-partner violence on a global scale (OECD, 2020; United Nations, 2020b).

The increases in domestic homicide during the initial stage of the pandemic also called attention to the everyday terrorism faced by women in their own homes. During the first few months of COVID-19 lockdown, at least 10 women died as a result of domestic violence (Sampert, 2020) within the Canadian context. These killings, which occurred between April 1 and May 4, 2020, spanned the country and included a range of victims aged from 24 to 55 years (Sampert, 2020). Similarly, in the United Kingdom, a report published in the *New York Times* found that “during the first month after the lockdown began in late March, sixteen women and girls were killed in suspected domestic homicides—more than triple the number from the same period in 2019” (Taub & Bradley, 2020, “Introduction,” para. 2). The report went on to say that “at least 10 more have died in the two months since then with ages ranging from 82 years old to just two years of age” (Taub & Bradley, 2020, “Introduction,” para. 2).

In each of these cases, the men who perpetrated the homicide characteristically fit a profile that is recurrent in the literature (Kimmel, 2008; Manne, 2018;). In the aforementioned cases, at least three of the men who committed acts of domestic homicide fit the typical profile of *family annihilators* (Manne, 2018), people who kill members of their own family, often in response to financial, professional, and relationship stressors (Fenster, 2020). This is significant given that family annihilators are overwhelmingly white middle-aged men who demonstrate aspects of white hegemonic masculinity at its most extreme level—especially in being prone to lash out in violence when threatened or humiliated (Manne, 2016; Websdale, 2010). In nearly all cases of domestic homicide, prior domestic violence is the greatest risk factor (Auchter, 2019). Unemployment is also a significant risk factor, particularly when combined with a history of domestic violence. Intertwined with white male rage and fueled by the economic crisis, increases in both domestic violence and unemployment rates gave way to destructive, vengeful fury on women and children during the initial stage of the pandemic. These acts underscore the need for close attention to the phenomenon of domestic homicide and the warning signs that foreshadow such events.

The increase in domestic violence against women and children during the initial stage of the pandemic highlighted some of the key challenges faced by social work professionals. With mandated lockdowns, social workers faced barriers in arranging face-to-face visitations, which were limited to high-risk cases only. This posed tremendous challenges given the importance of face-to-face interaction in the social work profession. Reliance on keen observational skills during home visits has been replaced by telehealth communications and has undoubtedly challenged a role so heavily predicated on human interaction. With regard to domestic violence, social workers have also experienced an overall decrease in referrals to children’s services from educators and other professionals who are ethically bound to report suspected domestic violence.

Despite the decreases in referrals by caseworkers during the initial stage of the pandemic, the overrepresentation of Indigenous and other racialized children in the child-welfare system in Ontario, Canada, continued to remain extremely high (Heck et al., 2021). For example, across Canada, despite Indigenous children accounting for only 7% of the youth population according to the 2016 Census, 52% of children in foster care are Indigenous (Somos, 2021). Demonstrating similar over-representation in the child-welfare system, Black children were overrepresented in admissions into care at approximately 30% of agencies in Ontario relative to their presence in the child population (OHRC, 2018). Important to note is that these figures likely underestimate the admissions of Indigenous and Black children into care. Citing chronic

underfunding by the federal government for services on reserves and the disproportionate rate of Indigenous children in foster care, the Truth and Reconciliation Commission of Canada (TRC; 2015) called the disproportionate number of Indigenous children in the child welfare system a “persistent problem” (p. 27). Further, the TRC identified the child-welfare system as a continuation of residential schooling, citing the removal of Indigenous children from their families and communities as its continuation through a different system (National Collaborating Centre for Aboriginal Health, 2017; ORHC, 2018).

The violence of state removal of Indigenous, Black, and other racialized children from families and caregivers gives rise to the complex and multi-faceted drivers of child-welfare involvement, such as the intergenerational effects of colonialism, dispossession, and racism that are deeply entrenched in the settler state (OHRC, 2018; Simpson, 2016). Indeed, racial disproportionality in the child-welfare system represents one part of the complex and multifaceted systems of oppression operating therein. A deeper exploration into the social and economic issues that contribute to racial disproportionality, such as poverty, lack of adequate services, chronic underfunding by the federal government, and intergenerational trauma, requires a thorough analysis, and therefore doing so in an appropriate manner is beyond the scope of this article. However, these findings do shed further light on racial disparities within the child-welfare system and demonstrate how interlocking relations of power continue to disadvantage racialized communities.

Masculinities, Risk Perception, and Health-Protective Behavioural Responses

During the initial stage of the global pandemic, the relationship between certain forms of risk-taking and masculinity shaped men’s behaviours and contributed to an overall increase in epidemiological vulnerabilities to the virus (Mellström, 2020; Palmer & Peterson, 2020). Emerging evidence from the COVID-19 context suggested that there were gender differences in health-protective behavioural responses to the coronavirus such as handwashing practices and mask wearing. Men were less likely to adopt health-protective practices than women (Mellström, 2020; Palmer & Peterson, 2020). These gender differences had multiple implications for social work practitioners and other professions who were on the frontlines fighting COVID-19 as they tried to ensure continuity of services as well as the health and well-being of service users. Women were leading the health response, making up nearly 70% of the health-care workforce, exposing them to a greater risk of infection and highlighting how the personal-hygiene practices of men had widespread consequences (OECD, 2020). Certainly, failure to adhere to preventative measures and recommendations placed additional pressures on core services that were already strained and exposed the fragility of these systems. These exposed fragilities called attention to long-standing inequities within frontline and essential-service sectors and made capitalism’s super-exploitation of women highly visible on a national and global level (Federici, 2009). This was particularly evident among Indigenous and racialized women from historically and still oppressed nations, who are both disproportionately overrepresented in the working class.

The most essential and basic methods of contagion prevention during the COVID-19 pandemic have been diligent hand hygiene and social-distancing measures. Despite this recommendation, emerging research from the initial stage of the pandemic showed that men were less likely than women to wash their hands (Krueger, 2020; Moran & Del Valle, 2016) and more likely to ignore social-distancing protocols (Altarum, 2020). Lower rates of

handwashing and social distancing as health-protective behavioural responses have been attributed to some men's sense of invincibility (Hunt, 2020), lower risk perceptions (Mellström, 2020), and the overall tendency of some men to disregard the significance of personal-hygiene measures (Mellström, 2020). Handwashing, mask wearing, and social distancing practices exposed a theme that is central to the valued model of hegemonic masculinity: cleanliness and hygiene are feminine-coded behaviours that are not to be embraced by "real" men (Mellström, 2020).

When it comes to mental health, there is a powerful social expectation that men should not depend on other people, discuss their feelings, or seek support for their physical and emotional health. It was no surprise then that provisional data showed that adherence to the burden of hegemonic masculinity during the initial stage of the pandemic had adverse implications on some men's mental and physical health (Baker et al., 2020, p. 1886). Masking core feelings of vulnerability and defenselessness seemed to be contributing factors in the decline of men's overall mental health during the initial months of the pandemic. For example, a survey conducted by the Social Research Centre reported that 27% of Canadian men indicated that their mental health had worsened since the pandemic and 34% reported feeling lonely (Ponticelli, 2020). A large decrease in men's mental health and well-being during the initial stage of the pandemic demonstrates how some men are often imprisoned by their close adherence to a model of hegemonic masculinity that demands they refuse help and health-seeking measures (American Psychological Association, 2018).

Reinforcing notions of shame in expressing vulnerability, high-profile men engaged in public displays that reinforced the status of hegemonic masculinity during the initial stage of the pandemic. American President Donald Trump, American Vice-President Mike Pence, Brazil's President Jair Bolsonaro, and Russia's President Vladimir Putin, for instance, expressed resistance towards expressions of vulnerability and defencelessness and the inability to be in control (Walker, 2020). The key message that these men were sending to other men was that no strong, powerful man would show weakness and fear, even in the face of a pandemic during which their own health and the health of others was at stake. Certainly, adhering to the imperative associated with hegemonic masculinity, to reject anything that can be viewed as a sign of weakness, was a key reason they chose not to wear a mask. To these men, wearing a mask was a sign of cowardice and emasculation.

Mask wearing increasingly became an essential component of the "new normal" during the initial stage of the pandemic, and a growing body of evidence found that the practice was a positive for public health and helped limit the transmission of COVID-19 (Baker et al., 2020). However, academic research published during the initial stage of the COVID-19 pandemic confirmed that mask wearing was gendered. In an article published in the June 2020 issue of *Politics & Gender*, cleverly titled "Mask-ularity," researchers presented empirical evidence that there was a clear "sex-based divide" in mask wearing, with men more likely to "resist wearing masks" than women (Palmer & Peterson, 2020, p. 1044). The problem, according to these researchers, was that hegemonic masculinity and toughness were closely connected to negative reactions to the wearing of masks (p. 1048). Men, the authors noted, were more committed to appearing tough in the eyes of other people at the expense of keeping themselves and others safe from harm by donning a mask. It was this feature of masculinity that prompted some politicians to speak out. Toronto's mayor, John Tory, for example, specifically criticized men and their relationship to traditional masculinity as a barrier for mask wearing. In an interview

on May 20, 2020, Tory chastised men for their apparent refusal to wear masks: “There’s been some coverage lately that men in particular don’t want to wear masks or face coverings for a variety of reasons ... including one that says that they see it somehow as a sign of weakness” (as cited in Passifiume, 2020, para. 4). Tory’s comments were among the most direct by a politician that tied masculine stereotypes about acting and appearing manly to the basic precautions that doctors, epidemiologists, and other health experts recommended for preventing infection by the highly contagious and deadly virus.

In an article published on *Scientific American’s* website in June 2020, epidemiologist and family doctor Camara Phyllis Jones noted that structural racism was a risk factor for dying of COVID-19 (as cited in Wallis, 2020). In the Canadian context, provisional data showed structural inequities in health care, evidenced by higher rates of exposure to and infection from the virus (Slaughter, 2020). Moreover, in terms of mask-wearing practices, gender, and racism, the enduring association of Blackness and masculinity with danger and criminality also played a role during the initial stage of the pandemic. Rooted in white settler colonial mindsets and set against the backdrop of white anxieties, for some Black men during this time and beyond, the recommendation to wear masks or face coverings caused additional concerns. Considering the recent high-profile killings within Black communities in the United States, which mostly had been at the hands of law-enforcement officers, Black men found themselves worrying not only about social pressures to conform to the dominant ideas of being a man but also fears that not doing so would invite harassment from the police (Taylor, 2020). For example, a day after the Center for Disease Control’s announcement on April 3, 2020, about the necessity of wearing a mask, Aaron Thomas, who lived in Ohio, wrote on Twitter that he did not feel safe wearing a handkerchief or anything else over his nose and mouth that “isn’t clearly a protective mask” because he is Black. “I want to stay alive, but I also want to stay alive,” he wrote in the message, which had been retweeted more than 17,000 times (as cited in Taylor, 2020, para. 5). Thomas’s fear was justified. According to a recent study published in the *Proceedings of the National Academy of Sciences of United States*, “one in every 1,000 Black men can expect to be killed by police” (Edwards et al., 2019, p. 16794). The coronavirus pandemic has clearly impacted Black communities at disproportional rates and in ways that have exposed myriad social inequities and patterns of systemic racism (Bowden, 2020; Wane, 2020). The dangers that Black men faced when following official government recommendations to wear a COVID-19 mask was one way that white hegemonic masculinity and white supremacy comingled during the initial stage of the pandemic.

Considering the lived experiences described above, for Black communities racism and COVID-19 represented a pandemic within a pandemic (Laurencin & Walker, 2020). The two pandemics blended and worked together in a way that cruelly afflicted Black populations. This was also true for Indigenous populations (Vogel & Eggerston, 2020). Already facing overlapping and intersecting forms of discrimination and inequality, Indigenous populations also faced heightened socio-economic consequences during the initial stage of the COVID-19 pandemic (Arriagada et al., 2020; Vogel & Eggerston, 2020). Certainly, the systemic health, racial, and social inequalities Indigenous communities had faced prior to COVID-19 were amplified during the initial stage of the pandemic. For instance, a study published by Statistics Canada in early 2020 found that employment disruptions caused by the coronavirus had a larger financial impact on Indigenous populations because of greater pre-existing vulnerabilities, such as lower income levels and higher proportions of people living in poverty

and experiencing food insecurity. Moreover, situated in the context of white settler colonialism that is shaped and grounded in patriarchal relations (Cannon, 2019) and faced with enduring colonial legacies, many Indigenous communities had limited and inequitable resources to respond to the virus during the early stage, rendering them vulnerable. In Canada and elsewhere, Indigenous communities also face racist treatment within the health-care system (Tuyisenge & Goldenberg, 2021). In calling attention to racial inequity in the context of the COVID-19 pandemic, we suggest that researchers, social work policy-makers, and others explore the complex ways in which white, patriarchal, colonial legacies have intersected with the pandemic crisis to pose a significant risk to Indigenous and Black populations.

Men, Masculinity, and Caregiving

Conceptualizing masculinity in terms of relations of hegemony and subordination of women as a group, Connell (1995) argued that men receive dividends as participants in the unequal gender order. These dividends take the form of authority, respect, status, safety, and other material, economic, social, and political assets (Knuttila, 2016). Inequality on the scale noted in contemporary society as it relates to domestic labour is an example of a patriarchal dividend. Important to note within this discussion is the work of Hill Collins (1994, 2000), which has brought attention to how feminist work on motherhood often reflects the experiences of white, middle-class women and ignores Black women's experiences as caregivers in the home. Largely overlooking the lived experiences of Black mothers, feminist theorizing of mothering, motherhood, and caregiving routinely minimizes the importance of race and class and decontextualizes Western social thought (Hill Collins, 1994). The resulting archetypal white, middle-class nuclear family becomes the ideal, normative, family or household image, while racialized and working-class mothers' experiences continue to exist on the margins. Centring feminist theorizing of mothering and motherhood resists the racist domination and economic exploitation of racialized and working-class women and highlights the intensified degree of "motherwork" women of colour often face in safeguarding children's safety and rights (Hill Collins, 1994, p. 373). During the initial stage of the pandemic, and particularly as police violence intensified, Black mothers were faced with an increase in motherwork as the pandemic continued to undermine their and their children's power, survival, and identity—three key themes that form the foundation of motherwork (Hill Collins, 1994, 2000).

Despite these increases in motherwork for Black women, little attention was paid to how the escalating pandemic continued to undermine their power, survival, economic stability, and identity (Frye, 2016). The gendered and racialized disparities in domestic and caregiving roles during the initial stage of the pandemic demonstrate how gender often remains the most salient predictors of family work performance, while race and social class often remain overlooked. According to Connell (1995), this refusal-of-responsibility strategy, particularly with tasks that are feminine-coded, is a common display of masculinity and a means by which some men assert their power in the home (Lockman, 2019). Within this system, women are unfairly deprived of their genuine entitlement to "goods," which results in a variety of inequalities (Manne, 2020, p. 12). This production of gendered dominance in the domestic sphere was intensified during the initial stage of the COVID-19 pandemic, including the issue of domestic labour, benefiting white men as a group over women.

Women, and in particular racialized women, have always done most of the world's unpaid domestic labour compared to men. During the initial stage of the pandemic, with its

subsequent economic shutdown, women and mothers' domestic and caregiving expectations increased (OECD, 2020; Power, 2020). For example, as schools shut down and daycare facilities closed, mothers were largely responsible for full day-and-night child care, as well as for remote learning instruction (Miller, 2020). According to a Boston Consulting Group report, which surveyed 3,055 working parents in five countries, United States, United Kingdom, France, Germany, and Italy, from March 20 to April 3, 2020, mothers and fathers both stepped up, but women continued to bear a disproportionate share of the workload (Krentz et al., 2020; see also Kreyenfeld & Zinn, 2021). On average, the report found, women spent 15 hours more per week on domestic labour during the early stage of the pandemic than men. Similarly, an April 2020 survey commissioned by the *New York Times* found that while all parents were taking on more housework during the pandemic, mothers were handling more than their fair share. Eighty percent of mothers with children under 12 reported spending more time on distance learning than their partners (Miller, 2020).

During the initial stage of the pandemic, men were praised in some cases for tasks women were expected to perform every day. A report cited in the June 9, 2020, edition of the *National Post* suggested that fathers have “risen to the occasion” in terms of domestic contributions and childcare. Without irony, the author of the article wrote, “Women have risen to the occasion too, of course, but the experts seem to have expected that” (Brean, 2020, para. 6). Embedded in this statement is the notion that parenting has always been a mother’s responsibility and that fathers are doing more than socially and culturally expected when they simply parent or contribute to domestic-related responsibilities. The valorization, praise, and expectation of acknowledgement for fathers in response to egalitarian domestic participation reinforces troubling expectations that are shaped by masculine power and patriarchal privilege, which ultimately perpetuates an unequal gender order that privileges men as a group (Lockman, 2019). The communicated expectation for fathers to fail at caregiving and domestic-related tasks also underpins a masculine pretense that implicitly disassociates fathers from such roles and reinforces the gendered proclivities of child care.

While some fathers did indeed make small contributions to the care of the home during the initial stage of COVID-19, which may encourage more fathers to remain engaged at home in the longer term, it was women who played an outsized role when it came to domestic labour. This outsized role had and continues to have multiple implications for women’s engagement in the workforce (Catalyst, 2020; Statistics Canada, 2020). This is particularly true for racialized women and women working in male-dominated industries and occupations, who are particularly vulnerable to reinforcing masculine stereotypes that make it even more difficult for women to excel (Catalyst, 2020). Certainly, the caregiving expectations placed on women and mothers during the pandemic have posed a risk of retrenching the resurgence of the “breadwinner” model (Ruxton & Burrell, 2020, p. 31). In fact, the COVID-19 pandemic pushed women’s participation in the labour force down to its lowest level in three decades, reflecting retrograde representation in the workforce (Deschamps, 2020). Erosion of the support offered to working mothers in the United States, Canada, and elsewhere led to an increase in women exiting the workforce and increased economic insecurity (OECD, 2020). It is clear from the initial stage of the pandemic that to prevent a further deepening and widening of gender inequality, it is necessary to take serious stock of the additional unpaid and often invisible workload and caregiving expectations placed on women during the COVID-19 pandemic and its aftermath.

During the initial stage of COVID-19, some men took the time to write about the perceived decline of fatherhood caused by “militant feminists.” In an opinion piece published on June 24, 2020, in an Alberta, Canada, newspaper, *Vulcan Advocate*, writer Morgan Wilson wrote about fatherhood in the time of COVID-19. His piece was written with a mixture of nostalgia for a time when “men were men,” a strain of anti-feminism, male discontent, and a feeling of masculine “victimization”:

There is so very much I don't understand about the issue of gender these days. It is my belief we've come to this point because the role of fatherhood has been diluted by the insistent ideology that everyone is equal. It has also been the victim of a very organized anti-male movement by militant feminists who insist that traditional patriarchal gender arrangements are oppressive and abusive. Those same militant anti-male zealots rail against “toxic masculinity” at a time when we actually need real men to emulate. (Wilson, 2020, para. 5)

The quote above reflects how the larger social, political, and economic transformations occurring during the initial stage of the COVID-19 pandemic fuelled gender anxieties among some men. The writer, in this instance, framed “toxic” masculinity as the historical ideal for men in general and argued that the problems generated by COVID-19 and the solutions required had been undermined by the increased prominence of women in general and feminists in particular. This example clearly presents the extent to which some men held dearly to patriarchal views of masculinity during time of uncertainty and crisis.

Conclusion

Hegemonic masculinity shaped the initial fallout of the COVID-19 crisis in meaningful ways. During the initial stage of the pandemic, vulnerable populations, particularly women and communities of colour, were impacted by interlocking relations of power associated with a resurgence of hegemonic masculinity. The increase in men's violence, as well as women and mother's disproportionate expectations on the home front, during the initial stage of the pandemic certainly implicated the ways in which hegemonic masculinity impacted the lives of women and children during a time of crisis. Support services that ensure women's safety and health should be appropriately funded during and after the pandemic. Of course, similar services should be offered to Indigenous and non-binary, sexual, and gender-minority communities, and to men victims as well. Moreover, in the initial stage of the pandemic, men who put into practice white hegemonic masculinity often disregarded the importance of wearing a mask as it was associated with weakness and, by extension, femininity. For instance, popular American podcaster Joe Rogan told his mostly men listeners in the spring of 2020 that only “bitches” wear masks (as cited in Elan, 2020, para. 2). Certainly, in the context of the COVID-19 pandemic, men continued to elevate the need to appear strong and manly, even at the expense of the health and welfare of themselves and others. The data that emerged during the initial stage of the pandemic show how the processes that sustain hegemonic masculinity intensified during the global crisis in a way that should prompt greater attention to the role it plays in deepening gendered inequities that have implications for women and children.

In the context of the initial stage of the COVID-19 pandemic, hegemonic white masculinity was a deep undercurrent in both public and domestic arenas. This model of white masculinity adopted, practised, and embodied by prominent men such as Donald Trump gave other men permission to enact it in a way that fuelled acts of violence. This model of masculinity drew

on patterns of privilege, power, aggrieved entitlement, and control in a variety of social contexts and evolving circumstances that had consequences for racialized groups and others (Messerschmidt, 2021; see also Kimmel, 2013). Addressing, preventing, and countering white, violent masculinity became a greater focus in the later stage of the pandemic when on January 6, 2021, people throughout the world watched as a group of predominantly white men, united by their sense of aggrieved entitlement, misogyny, and deep-seated feelings of grievance, stormed the Capitol Building in Washington, D.C., to undermine the American democratic process. The overriding tension that existed between white men's perceived sense of victimization and the privilege and power that they as a group possessed was at the heart of the insurrection. It is not surprising that in the context of the COVID-19 pandemic crisis, white patriarchal supremacy sought to regain and reassert itself. COVID-19 has shown, then, that action is necessary to address the gendered and racialized nature of the pandemic.

For policy-makers, social workers, and others, it is important to begin to bring a greater understanding of the complex relationships between hegemonic masculinity, gender expectations, and men's behaviour during a time of global crisis, with a view to nurturing more positive and supportive and healthy models of masculinity that help reduce violence against women and children. Although it would be beyond the scope of this research to offer recommendations concerning each of the issues examined here, this article serves as an insightful starting point to interdisciplinary discussions concerning the interconnectedness of white patriarchal masculinity and social work practice.

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