Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings

INTRODUCTION

From the analysis of the information received (see Annex 1 for the rapid assessment method), the pandemic has an immense impact on violence against women and girls (VAWG), including on VAWG risk factors, and especially for women and girls who face multiple forms of discrimination. Most information received did not include adequate details to allow for an analysis of the trends of decrease/increase in VAWG reported cases since the outbreak of COVID-19. **Where there were adequate details, there is an increase in VAWG calls/reports especially to helplines/hotlines.**

It is important to note that current reports on VAWG cases are most likely an underestimation of the real number of VAWG cases and magnitude of the problem. We know from existing data and evidence that the great majority of women survivors of violence do not report to police, helplines or other service providers. The pandemic and circumstances make it even harder for women to report or seek help.

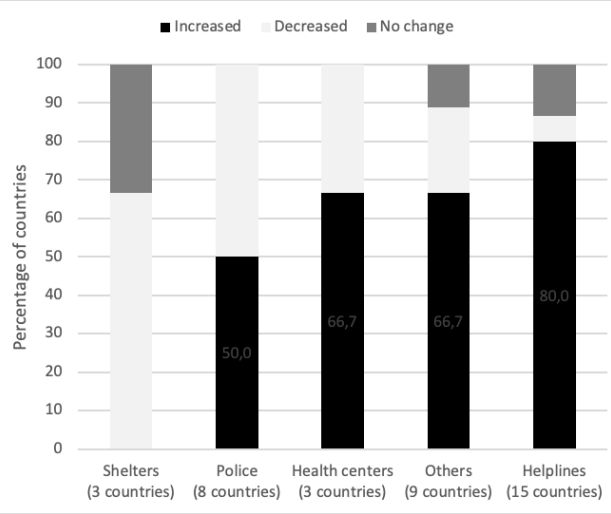
1.1. VAWG trends during COVID-19

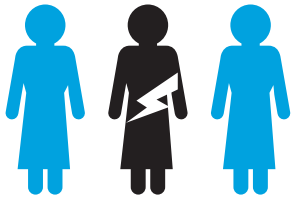
Most information received[1] did not provide adequate details to allow for an analysis of the trends of decrease, or increase, in number of VAWG-related reports to services since the outbreak of the pandemic. In some cases, only the number of calls, after the staying-at-home and physical distancing measures were in place, were shared; but not the number of calls prior to these measures. This disallows assesing changes. In other cases, only the direction of the trend was shared (i.e. increase, decrease, no change), but not the evidence/data supporting this trend. Furthermore, some data are compared with the data from the same period last year, while some data are compared with the previous week, or the previous month. Therefore, the data presented below should be considered as preliminary and anecdotal information to help understand how the pandemic may be impacting VAWG. Information on the impact of COVID-19 on VAWG varies across regions. This is due to the fact that the development and pace of the outbreak vary from region to region. In cases where detailed

information was provided[2], the following trends are emerging in the countries where information/ data was collected.

There is an increase in calls to helplines/hotlines in the majority of the countries. Most of the information and data received (39%) was from **helplines/hotlines**. As shown in Figure 1, 80% of the countries who provided information/data, reported an increase in calls to helplines/hotlines after the pandemic outbreak. A 40% increase has been reported in *Malaysia*; a 50% increase in *China* and *Somalia*; a 79% increase in *Colombia,* and 400% increase in *Tunisia*. In *Uruguay*, where an increase in calls was reported, there is an unusual number of people who ask for guidance not for themselves but for a third party (friend, family member). In some countries, no changes in volume of calls were observed (*Jordan* and *Thailand*) at the time of this exercise. A decrease in calls was observed in *Ethiopia*. This decline does no necessarily show a decline in incidents of VAWG, but it could be the result of the fact that seeking help now may be highly compromised due to fear of the outcome or lack of privacy at home to make the calls.

Figure 1: Proportion of countries[3] that reported an increase, decrease or no change in number of calls to different services, after the physical distancing measures started.





There is no sufficient data or information provided by shelters. Shelters' operations are at low or no capacity in 2 of the 3 countries that provided information on shelters in this exercise. In *Ehtiopia*, shelters stopped receiving new cases after the outbreak, and in *Afghanistan*, due to the gaps within the referral pathway, a lack of access to these services was reported. Other countries, such as *Grenada*, reported no changes in the number of cases received in shelters at the time of this survey.

There is an increase in reports and calls to the police in 50% of the countries. *China, Saint Vincent* and *the Grenadines, Kenya* and *Somalia* have indicated an increase in reporting, while *Ecuador, Ethiopia*, *Nepal* and *Trinidad and Tobago* have indicated a decrease. Mobility restrictions, or fear of contamination, are likely to have an impact on women's ability to file complaints at the police related to domestic violence, as reported by countries.

There is an increase in reports to health centers in most countries. In *India*, a rise in the numbers reported by this sector are observed following an increase in violence cases shared via e-mail. *Zimbabwe* also reported an increase in the number of VAWG cases reported by **health centers.** The number of VAWG cases reported by health centers is affected, however, by the fact that the population cannot leave their home, as reported in *Rwanda*, where the cases reported by health centers has decreased.

1.2. Impact on VAWG and its risk factors. Social and economic consequences of the pandemic have affected the everyday life of men and women across the world significantly. Loss of income and

economic opportunities affect households' food security, livelihood, and access to necessities. Economic distress reportedly heightes women's risks of experiencing violence. In *China* and *Sierra Leone*, it is reported that one of the factors that leads to a rise in tension in the household and domestic violence is the decline in income. In *Cameroon* and *Nigeria*, there are concerns over an increase of sexual exploitation and sexual violence against women working in the informal sector due to loss of livelihood.

1.3. Impact on women and girls who face multiple forms of discrimination. The pandemic puts women with disabilities, women living with HIV/AIDS, adolescent girls, women migrant workers, rural women, and women refugees in a more vulnerable position. It is reported that women with disabilities and elderly women who have recovered from COVID-19 are stigmatized and isolated from the support of their communities. In *Kenya, Rwanda, South Africa, Uganda,* and *Zimbabwe*, there are reported incidents of denied access to services for women migrant workers returning home from other countries. Some women migrants face forced confinement in hotels at their expense, upon their return. In most countries in the *East and Southern Africa* region providing information in this rapid exercise, many women with disabilities are unable to receive the day-to-day care from support workers due to mobility restrictions for care workers, and fear of contracting the virus. In *India*, some women's groups have shared that there is pressure on girls to rethink about marriage as an option, as access to education and livelihood is uncertain. In *Indonesia*, there have been reports of broader discrimination and public harassment towards Indonesian women (and men) who have certain appearance and/or are of certain ethnicity, particularly of Chinese ethnicity. Even the virtual/online space can be a violent place. In *Morocco*, it is reported that harassment against women is increasing where dangerous messages on gender stereotypes have been circulated on social media.

Photo: UN Women/Louie Pacardo

IMPACT ON ACCESS TO SERVICES

COVID-19 has an impact on survivors' access to a range of essential services such as social, health and legal services. The challenges include, among others, limited awareness of such services and their availability, limited access to technology, as well as certain measures to curb the pandemic such as movement restrictions.

2.1. Survivors have limited information and awareness about available services. Due to disruption of general services and irregularity of service provision, women have limited reliable information and awareness about which services are currently available, and what is required to access services. Media coverage focuses heavily on the pandemic, with limited dissemination of information specifically for survivors and women at risk of violence. On the other hand, it has been increasingly difficult for service providers to reach out to women and girls due to restricted movement, physical distancing, or lack of effective communication channels.

2.2. Survivors have limited access to social and health services. The pandemic and subsequent measures to address the pandemic, i.e. physical distancing and shelter-in-place orders, have disrupted the availability of, and accessibility to, services for survivors of violence. In *Afghanistan, Cambodia,* and *Indonesia*, survivors have difficulties in accessing to shelters, helplines, and psycho-social services as these services face closure due to operational disruption, lack of preparedness for pandemic response, resource shortage, and/or fear of health risks. Women survivors in *Palestine* and *Lebanon* are required to self-isolate or provide medical proof before being admitted into shelters. Though certain services are now available remotely, access to online services remains a challenge for many women and girls with limited access to the Internet or telephone, as seen in *Bangladesh* and *Lebanon.*

2.3. Survivors have limited access to legal and protection services. Violence survivors are experiencing limited access to essential legal and protection services. This can put survivors in a more vulnerable situation and reinforces perpetrators' impunity. Women are not able to file complaints or launch legal cases against their perpetrators. In some places, women are afraid to go to the police station, even more than before, owing to stringent police action during lockdown. In *Bolivia* and *Senegal*, most civil hearings and case-file reception at courts are in suspension; issuances of court orders are significantly delayed; and most legal aid centers are closed. In *India,* marital disputes are not considered as emergencies. There are delayed settlements causing financial stress to women having ongoing cases. In *Lebanon*, there are reports of forensic doctors being unable or unwilling to document physical and sexual abuse of survivors at police stations for fear of COVID-19 spread, while law enforcement work is diverted to other priorities.

VAWG SERVICE PROVIDERS ARE OVER-STRETCHED AND RESOURCE-CONSTRAINED

IMPACT ON SERVICES PROVISION AND AVAILABILITY

The pandemic and subsequent measures to address the pandemic have disrupted the availability and accessibility of services for survivors of violence. Service providers from all sectors, governmental and non-governmental, are over-stretched to maintain services to violence survivors, given constraints posed by the pandemic.

3.1. Service providers have difficulties to maintain essential services in place. The pandemic has put critical strains on VAWG service providers, governmental and non-governmental, in all sectors that provide essential services to violence survivors. Mobility restriction, physical distancing, lockdown, and business closure among other measures have affected service providers' operations. Healthcare centers and police are overstretched by the COVID-19 pandemic response; courts are either closed or in irregular sessions; legal aid and social services struggle to offer remote services efficiently, and other services to support livelihood or economic empowerment face operational and resource constraints. Activities that require face-to-face interactions have all been put on hold. In *Burundi* and *Tanzania*, service providers report on challenges in providing virtual services due to shortages of technological facilities. Furthermore, service providers account challenges in providing responsive support to their own staff members during the lockdown period, including to staff experiencing violence.

3.2. Resources and efforts are diverted from VAWG response to immediate COVID-19 relief. Several service providers have to divert their resources and efforts to provide immediate relief to beneficiaries. Ongoing work for VAWG is responded along side with the COVID-19 relief efforts which include food and/or cash distribution, distribution of personal protective equipment, and medical

Photo: UN Women/Ploy Phutpheng

care. In *Bolivia*, the police and the military have shifted their work priorities to health care. Only 20% of the police is responding to cases of violence. In *Bangladesh* and *India*, key functionaries of different departments have been drafted to support the health sector's response to COVID-19 or in food distribution. Many civil society organizations (CSOs) working on VAWG have shifted attention to support livelihood needs of beneficiaries, and to distribute food and hygiene packages for communities in need. In *Anguilla, Belize, Dominica*, and *Grenada*, women's organizations have diverted efforts to provide personal protective equipment, hygiene packages, and dignity kits. In *Saint Vincent and the Grenadines*, national women's machineries put the effort on providing economic grants to women who lost their livelihoods due to the pandemic, and providing food packages to vulnerable groups for at least three months targeting single parents, teenage mothers, persons with disabilities, persons living with HIV/AIDS, elderly, and the LGBTQI community.

3.3. Service providers have limited capacity and resources to adapt or respond during crisis. Several unprecedented measures to address the pandemic, such as physical distancing and lockdown policies, have forced service providers to adapt their operation modalities to maintain their core business functions, while coping with constantly changing environment. VAWG service providers are required to adapt their work in real time and on a fast-paced manner, as official measures to address the pandemic can change daily. Technologies are employed to provide remotely certain services. However, it is reported that some civil society organizations are not well-equipped with facilities or capacities to deliver remote services to violence survivors effectively and efficiently. Additionally, VAWG service providers that do not normally operate in crisis or emergency settings reported limited resources and capacities to respond to VAWG during the pandemic.

Photo: UWorld Bank/ Henitsoa Rafalia

THE PANDEMIC AND SUBSEQUENT MEASURES TO ADDRESS THE PANDEMIC HAVE DISCRUPTED THE AVAILABILITY AND ACCESSIBILITY OF SERVICES FOR SURVIVORS OF VIOLENCE

MEASURES UNDERTAKEN BY SERVICE PROVIDERS

Service providers and responders from all sectors, despite facing multi-directional challenges brought by the COVID-19 pandemic, are proactively taking actions and fast adapting to constantly changing circumstances to respond to the urgent needs of women and girls, especially of violence survivors. Measures taken include:

4.1. Maintaining service provision and capitalizing technologies to support women and girls. Service providers have been working to ensure continuity in the provision of services to women survivors. Psychosocial support, legal services and counselling services are working to make services available remotely via different communication channels including hotlines, text messaging, mobile phone apps, and social media. In *Lebanon*, judges convene virtual sessions to issue protection orders for women at risk of and surviving violence. In *Morocco*, a national platform operated by the National Union of Moroccan Women was created to file online complains through a mobile application. In case of danger, the platform is in direct contact with the National Security, the Royal Guard and the Public Prosecutor's Office to report cases and enable rapid intervention as the survivor can be geo-located through the app. The Regional Council

and provision of hygiene packages and dignity kids during the COVID-19 pandemic are some immediate measures taken by VAWG service providers. Different CSOs and government offices in *Bangladesh, Cameroon, Colombia, Dominica, and India,* center their efforts in distributing food and/or cash and providing hygiene packages and dignity kits. In *Jordan*, direct cash assistance is being provided to women refugees and vulnerable women from host communities; while in *Zimbabwe*, a small fund is set up to support women rebuild their informal vegetable vending businesses after the lockdown. In *Belgium* and *Turks and Caicos Island*, local authorities are partnering with the hospitality sector to identify hotels to be used as shelters for violence victims during the lockdown.

4.3. Conducting rapid assessments to understand the needs of women and girls. Rapid gender assessments are conducted across all regions by different stakeholders to understand the impact of COVID-19 on women and girls, and assess their needs during crisis. Women's organizations work closely with development partners to ensure that rapid socio-economic assessments are conducted with a gender lens, allowing to gather data and information to inform interventions that can address women's increased risks of violence.