



COVID-19
RESPONSE

UN WOMEN

PREVENTION: Violence against women and girls & COVID-19

Photo: UN Women/Younes El Moumine

INTRODUCTION

This brief provides background information on the root causes and risk factors that explain why violence against women occurs in the first place. It highlights how the context of COVID-19 is exacerbating those factors and the impact it is having on rates of violence against women and the ability to undertake evidence-based prevention work in the current context. It outlines the guiding principles for prevention

activities and provides indicative interventions that can be undertaken during social distancing. The brief draws from the prevention field and evidence-based frameworks. It is a living document that will benefit from the vast and evolving knowledge of a wide range of experts who are supporting solutions to end violence against women and girls across countries and contexts.

A Note on the Intersections of Violence against Women and Children

Violence against women and children are gross violations of human rights. Though they are often addressed independently, or through different streams of work, there are several shared risk factors and social norms that drive both practices. In addition, violence against women and children intersect in the following ways*:

- Co-occurrence (abuse against women and children happening in the same household)
- Inter-generational effects (i.e. boys exposed to abuse are more likely to perpetrate in future)
- Common and compounding consequences
- Adolescence (a period where individuals are neither regarded as children nor adults).

*Source: Alessandra Guedes, Sarah Bott, Claudiva Garcia-Moreno & Manuela Colombini (2016) Bridging the gaps: a global review of intersections of violence against women and violence against children, Global Health Action, 9:1, 31516, DOI: 10.34002/ghav9.31516

WHAT DO WE KNOW ABOUT THE ROOT CAUSES OF VAW AND PREVENTION?

Violence against women and girls takes place at alarming rates across countries in normal times.

The magnitude of violence against women and girls indicates that this is not a product of random acts by a few bad actors. Such violence, intentionally committed, is a product of power and control, stemming from inequality between men and women, with varying levels of inequality (and power), based on intersecting identities (such as gender, race, ethnicity, civil status, (dis)ability, age, and sexual orientation, among others). **Violence is rooted in discrimination and inequality** that are upheld by individual attitudes, beliefs and practices; broader social norms around gender and violence; and systems and structures that replicate and even codify this inequality and discrimination. In addition to these root causes, there are several risk factors that make it more likely to occur.

Addressing the root causes and mitigating the risk factors is at the heart of prevention work.

Evidence-based strategies demonstrate that **it is possible to reduce rates of intimate partner and sexual violence** by promoting gender equality through laws, policies, systems and structures; strengthening relationships; empowering women; ensuring services (e.g. mental health and substance abuse); reducing poverty at the community and household level; making environments (such as public spaces, schools and workplaces) safer; preventing childhood and adolescent abuse; and transforming attitudes, beliefs and social norms.¹

Prevention work is undertaken through various modalities to reach individuals and their peers, institutions and communities, often in tandem with one another so that they are mutually reinforcing. Schools, local governments, employers, faith groups, sports programmes, whole of community approaches and media serve as key entry points to reach large audiences through influential streams and engage people where they live, work and play.²

Violence against Women Risk Factors

Community Factors

- Harmful gender norms that uphold male privilege and limit women's autonomy
- High levels of poverty and unemployment
- High rates of violence and crime
- Availability of drugs, alcohol and weapons

Interpersonal Factors

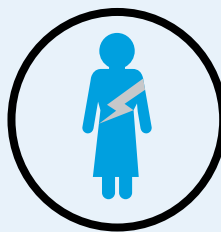
- High levels of inequality in relationships/ male-controlled relationships/ dependence on partner
- Men's multiple sexual relationships
- Men's use of drugs and harmful use of alcohol

Societal Factors

- Discriminatory laws on property ownership, marriage, divorce and child custody
- Low levels of women's employment and education
- Absence or lack of enforcement of laws addressing violence against women
- Gender discrimination in institutions (e.g. police, health, etc.)

Individual Factors

- Childhood experience of violence and/or exposure to violence in the family
- Mental disorders
- Attitudes condoning or justifying violence as normal or acceptable



IMPACT OF COVID-19 ON PREVENTION

During times of crisis, violence against women and girls increases. Pandemics, such as COVID-19, create challenging conditions that exacerbate the risks of violence against women and girls³ and the challenges to implementing prevention programming in their authentic form.

Households may be facing financial strain from loss of employment, income and other assets.

In many contexts, where traditional gender roles dictate that men should provide for their families, this reality can create a sense of inadequacy, uncertainty and loss of control, provoking the assertion of power, including through violence towards their partners/spouses, children or others living in the household. Where poverty and the inability to meet basic needs results, girls are at higher risk of being married early or being sexually exploited.

Families subject to quarantine, isolation and physical distancing coupled with increased domestic and care burdens may experience tensions, stress, anxiety and mental health problems. This alone can contribute to increased conflict and quarreling which escalates to abuse. It can also manifest in unhealthy coping mechanisms, such as excessive alcohol consumption, a well-documented risk factor for perpetration of abuse.

As prevention efforts adapt to deliver programming, including through online modalities, women and girls are at even greater risk of experiencing abuse in this space. There has been growing documentation of violence against women increasing online as more and more people are using technology for professional, educational and social interactions.⁴ Quarantine measures and self-isolation policies put in place

UN Women/Mariam Alimi



during the pandemic have increased internet use between 50% and 70%. Women and girls are subject to online violence in the form of physical threats, sexual harassment, stalking, zoombombing and sex trolling, among other forms. Reports by some countries show substantial increase in reports of online abuse and bullying during this pandemic, including against children. In addition, pornographic traffic has spiked dramatically during this time as have risks of sextortion. These realities create challenges to ensure that there is no unintended harm from prevention programming that may require online engagement.

Services that are critical to mitigating risks, such as mental health and substance abuse may not be available or may be severely strained. Services, often provided, through women's rights groups and non-governmental organizations, may not be considered essential and ordered to close during this period. Others, may be facing challenges in adapting their in-person sessions to online or mobile phone support and may not have the staffing capacity to deal with increased demands. This can be compounded

by strict funding parameters that do not allow organizations to use the donor funds for staffing, administrative and operational costs.

Restrictions on mobility, bans on congregating and suspension of work, school, faith and social engagements has interrupted prevention programming. Prevention programming methods rest heavily on long-term, intensive dialogue and human interaction, including through community mobilization, livelihood and economic empowerment initiatives and those delivered through schools, sports, faith-based institutions, households (e.g. parenting programmes; couples' initiatives) and services (e.g. mental health interventions; substance abuse support). Because of the need for social distancing, these engagements have come to an abrupt halt with challenges to adapt methods from their authentic forms.

Prevention, however, is even more pressing given the very risk factors that are being intensified as a result of COVID-19, causing spikes in violence against women and children today with rolling effects to be expected in the aftermath.

Photo: UN Women/Leovigildo Nhampule



RECOMMENDATIONS FOR PREVENTION

The prevention modalities that have proven to work will require thoughtful consideration and adaptation to the current context created by COVID-19 to ensure that unintended harm is not committed and that women's safety is placed at the centre of any undertaking. Appreciating the unique circumstances of the current pandemic and the inability to draw on evaluated practices for this specific context, the measures below provide indicative interventions that can be undertaken during social distancing and the role that different actors can play. Also critical is ensuring that short-term prevention interventions tailored to the immediate circumstances are linked to the medium and longer-term work required around gendered power dynamics and discriminatory norms that can transform societies to be more equitable, rights-based and peaceful.

Create Awareness and Messaging to Influence Social Norms through Media

Media (Visual, Audio, Print, Online) in the current context have a larger audience than ever before, as one of the main mediums for information, connection and exchange during this pandemic. It is critical for media outlets to continue raising the visibility of violence against women and children, ensuring that messages are framed with a clear understanding that violence against women is not a new phenomenon. Media can advance understanding that the risk factors that drive violence are exacerbated in the current situation which is causing increases in the prevalence and frequency of abuse. Media may also focus proactively on challenging gender stereotypes, discrimination, inequality and harmful gender and violence norms through messages that promote prosocial and equitable behaviour.

- ➡ [The Big Conversation: Handbook to Address Violence against Women in and through the Media](#)
- ➡ [Reporting on Violence against Women and Girls: A Handbook for Journalists](#)

Leverage Remote Learning Opportunities during Distance Education

Schools are an important socializing force in the lives of young people. Lessons, programming and discussions on healthy relationships, appropriate use of technology, life skills and comprehensive sexuality education should continue or be newly incorporated in remote/distance learning methods. Communications from administrators and school staff should include messages and links to helplines and available services for caregivers who may be facing increased strain and are in need of psychosocial support. Teachers and administrators should be briefed on violence against women and children and the current contextual factors that are resulting in increases of both, providing them also with guidance to respond to any suspected abuse they may become aware of through their remote interactions with students. For some children, school provides the only respite from abuse occurring (against them or between their parents) in the home.

- ➡ [Guidance to Address School-Related Gender-Based Violence](#)
- ➡ [Cyberbullying: What is it and how to stop it](#)

Use Public Health Channels

Services targeting mental health and substance abuse should be considered essential, with additional flexible funding support for organizations that deliver these interventions. Public health communications should take into consideration the stress that is likely to arise as a result of COVID and associated factors (e.g. loss of employment/income/assets; increased conflict/tension among family members living in close quarters and having to manage caring; reductions in social outlets and peer support; increases in the consumption of alcohol and substances, etc.) that are risk factors for violence against women and children. Thoughtfully crafted messages acknowledging these factors and the stress they cause should be targeted to family members, providing information on and referrals to mental health helplines, information on accessing economic or social support and encouraging positive coping mechanisms and outlets to relieve stress. Some countries have also temporarily banned or limited the sale of alcohol.

- ➡ [Developing Key Messages for Communities on GBV & COVID-19](#)
- ➡ [Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#)

Provide Economic and Livelihoods Support to Women and Households

Provision of **economic and livelihood support** is critical to buffer against financial strain and poverty – risk factors for abuse. Investments to ensure individual and household economic social welfare support can take many forms, including: cash transfers, low or no interest loans, tax relief, provision of food and basic household goods, unemployment insurance, housing/rental support and vouchers for provisions or assets, among others. Evidence of cash transfers, for example, show reductions in intimate partner violence from such initiatives.⁵ Initiatives should target women in particular with consideration of household dynamics, noting this may challenge gender roles and expectations in order to mitigate any unintended consequences. The upward trend of violence against women is likely to continue given the challenging financial fallout of COVID-19. Given the excessive costs of VAWG to individuals and society, violence against women should be considered in economic recovery plans.

- ➡ [Evidence Brief: Cash Transfers and Intimate Partner Violence](#)
- ➡ [Resources for Mainstreaming Gender-Based Violence \(GBV\) Considerations in Cash and Voucher Assistance \(CVA\) and Utilizing CVA in GBV Prevention and Response](#)



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