



MEASURING THE SHADOW PANDEMIC:

**VIOLENCE AGAINST
WOMEN DURING
COVID-19**

ABOUT THIS REPORT:

This publication compiles and analyses the results of Rapid Gender Assessment surveys on the impact of COVID-19 on violence against women (VAW RGAs) in 13 countries. UN Women led this study, in collaboration with Ipsos, with support from national statistical offices, national women's machineries and a technical advisory group of experts to guide the overall survey process. To address the challenges related to face-to-face data collection during lockdowns and restricted mobility periods, the VAW RGAs use innovative methods to collect VAW data remotely while observing safety and ethical protocols. The report confirms that COVID-19 has resulted in a significant increase in violence against women, negatively affecting women's feelings of safety and mental health. Additional resources related to the report, including methodological note, endnotes and microdata can be found on the Women Count Data Hub at: <https://data.unwomen.org/publications/vaw-rga>

eISBN: 9789210012232

ACKNOWLEDGEMENTS:

UN Women would like to thank the Bill and Melinda Gates Foundation for their generous financial support to the Rapid Gender Assessments on the impact of COVID-19 on violence against women project.

Chief of the Research and Data Section: Papa Seck

Report lead: Jessamyn Encarnacion

Report authors: Ramya Emandi, Jessamyn Encarnacion, Papa Seck, Rea Jean Tabaco

Statistics: Ramya Emandi, Ghida Ismail, Rea Jean Tabaco

Report coordinator: Ramya Emandi

Data collection: Ipsos

Technical advisory group Naeemah Abrahams (South African Medical Research Council), Michelle Decker (Johns Hopkins University), Kristin Diemer (University of Melbourne), Diva Dhar (Bill & Melinda Gates Foundation), Yvette Efevbera (Bill & Melinda Gates Foundation), Claudia Garcia-Moreno (World Health Organization), Henriette Jansen (former United Nations Population Fund Asia-Pacific), Aprajita Mukherjee (Breakthrough India), Anita Raj (University of California San Diego), Omar Seidu (Ghana Statistical Services), Jay Silverman (University of California San Diego)

Contributors, partners, reviewers:

UN Women staff at headquarters

Ginette Azcona, Antra Bhatt, Lauren Billi, Khamsavath Chanthavysouk, Kalliopi Mingeirou, Juncal Plazaola Castaño, Raphaëlle Rafin, Karla Ramirez, Laura Turquet

UN Women staff in country and regional offices

Arab States: Manal Benkirane, Sophia Benamar, Diya Nanda, Manal Sweidan

Asia and the Pacific: Melissa Alvarado, Sara Duerto Valero, Narudee Janthasing, Md Shohel Rana

East and Southern Africa: Maureen Gitonga, Isabella Schmidt, Canebele **Oganga**, Grace Wnagechi Kahuria, Sunita Caminha

Europe and Central Asia: Azima Abakirova, Anara Aitkurmanova, Estela Bulku, Megi Llubani, Alba Agolli, Tetyana Kudina, Nadejda Lutenco, Ala Negruta, Nargis Azizova

Latin America and the Caribbean: Rolando Crespo, Michael Francis Craft, Marlene Heinrich, Diana Espinosa,

Ana Burgos Gonzalez, Michelle Mendes Meireles Silva, Lucio Severo, Leah Tandeter, Ernesto Trevino, Ana Quintana

West and Central Africa: Tosin Akibu, Arlette Bikomo Belinga Epse Mvondo, Yacouba Doumbia, Patience Ekeoba,

Jean-Marie Vianney Meango, Michelle Seroussi, Uilrich Waffo, Salomon Mfouapon

UN system and beyond

World Bank: Kathleen Beegle, Daniel Halim, Elizaveta Perova, Diego Javier Ubfal; Centre for Disease Control (CDC): Kathleen Basile; IPA: Ellen Bates-Jefferys, Pace Phillips, Radha Rajkotia; Food and Agriculture Organization: Sara Viviani

Production, communication and outreach: Lauren Billi, Jacqueline Gordillo, Mika Mansukhani, Samrat Maskey, Svenja Siemonsen

Substantive editor: Jen Ross

Design: Blossom.it

© UN Women 2021

All rights reserved

The views expressed in this publication are those of the authors and do not necessarily represent the views of UN Women, the United Nations or any of its affiliated organizations. For a list of any errors or omissions found subsequent to the report launch please visit our website.

INTRODUCTION

Violence against women (VAW) is a human rights violation, with often devastating immediate and long-term consequences. Women around the world experience it in various forms, settings, levels of frequency and severity, at the hands of intimate partners, family members or others. In addition, women's feelings of insecurity restrict their lives in myriad ways, hampering their health, as well as their civil, political, economic and social rights. Women's safety is the gateway to basic health, living standards and empowerment, and a necessary condition to achieve gender equality.

The shadow pandemic

Widespread stay-at-home orders to curb the spread of COVID-19 potentially locked women down with their abusers, creating dangerous conditions for violence against women, often with tragic consequences. Using administrative data from police, violence against women hotlines, and other service-providers, and analysing big data from online searches and social media posts, UN Women research¹ has found that violence against women and girls has intensified since the outbreak of COVID-19. This coincided in many countries with a reduction in services to support survivors, partly due to operational challenges and reduced funding for law enforcement agencies and local women's organizations, which play an essential role in VAW service-provision.² This has led to several calls to end violence against women, including by United Nations' Secretary-General António Guterres³ and UN Women's Executive Director, who coined the term the "shadow pandemic".⁴

As a result, UN Women has mounted a multifaceted response to address this shadow pandemic.⁵ This has involved working with local governments, justice, police and health sectors as well as civil society and grass-roots women's organizations to ensure safe public spaces for women and girls during the crisis and to strengthen the capacities of front-line service-providers, shelters and helplines. UN Women has supported mass media and social media sensitization on COVID-19-related VAW increases, and ways to prevent it, including

through positive masculinities, and equitable sharing of household responsibilities. UN Women has provided training and technical support, developed research and policy advice and disseminated relevant guidelines and recommendations on VAW responses amid the pandemic. This includes support on applying gender-responsive budgeting across COVID-19 support and recovery and fiscal responses. UN Women has been working with governments and partners to ensure that measures to address violence against women and girls are included in COVID-19 response and recovery efforts at country, regional and global levels, as well as issuing various public recommendations. According to the UN Women-UNDP COVID-19 Global Gender Response Tracker, launched in 2020, more than half (853 of the 1,605 gender-sensitive measures introduced by countries) have focused on addressing violence against women in particular.⁶

UN Women's timely data response

Since April 2020, UN Women has been leading the charge for data to inform a gender-sensitive response to COVID-19. UN Women teamed up with national statistics offices, governmental entities and international partners to roll out [Rapid Gender Assessment surveys \(RGAs\) on the socioeconomic impacts of COVID-19](#) in 58 countries.⁷ These RGAs focused mainly on the gendered impacts on employment, income, unpaid care and domestic work, access to goods and services, and relief and social protection measures.

With support from the Bill and Melinda Gates Foundation, between April and September 2021, UN Women conducted RGAs specifically focused on VAW (hereafter referred to as VAW RGAs) and COVID-19 in 13 countries spanning all regions to better understand the extent of the shadow pandemic and produce much-needed data on VAW and women's safety, both in public and private spaces, as well as on their mental well-being. The RGAs aim to promote the accelerated use of VAW data to inform policymaking, service-provision and advocacy by global, regional and national stakeholders, governments and civil society organizations. The results equally aim to

inform a forthcoming guidance note on remote VAW data collection during crises while ensuring ethical and safety considerations based on empirical evidence from survey field operations.

The VAW RGAs were implemented in Albania, Bangladesh, Cameroon, Colombia, Côte d'Ivoire, Jordan, Kenya, Kyrgyzstan, Morocco, Nigeria, Paraguay, Thailand and Ukraine with the general support of national statistical offices (NSOs), national women's machineries, and guided by a technical advisory group of experts in VAW statistics and agencies that have conducted similar initiatives. These safeguards were important given the sensitivity of the subject matter and the ethical and technical requirements, but also to promote the uptake and use of the results for evidence-based policymaking. To ensure comparability, the survey was conducted with Ipsos as the survey research partner (see Box 1 and the [Technical Note](#) for more details on the methodology).

Innovative data collection

The report presents evidence on the impacts of COVID-19 on VAW. Unlike other health surveys with VAW modules that focus on women of reproductive age, the VAW RGA also captures the views and experiences of women over 49 years of age and reveals some interesting differences. Specifically, the RGAs aim to describe the situation and characteristics of women who said that they, or other women they know, has *experienced violence*. Beyond experiences, women's *feelings of safety* at home or in the community is also examined, followed by an analysis of their *perceptions of violence* and their mental and emotional well-being. These survey results complement UN Women's policy and programmatic guidance since the start of the pandemic, the 58 RGAs on the socioeconomic impact, the UN Women/UNDP COVID-19 Global Gender Response Tracker, and the UN Women and WHO Guidance on Violence against Women and Girls Data Collection during COVID-19.

BOX 1

How were the assessments conducted?

This research was undertaken in two phases, primarily for the learnings from Phase I (April–June 2021) to inform Phase II (August–September 2021) and optimize survey tools and protocols. Countries were selected based on regional diversity, with priority given to low-middle income countries implementing related UN Women programmes, as well as certain operational considerations. Working with Ipsos, data were collected from 16,154 women (at least 1,200 per country) ages 18 years and over, while considering nationally-representative geographic and age group distribution. Since the VAW RGAs were implemented using computer-assisted telephone interviewing (CATI), the respondents were limited to women with access to mobile phones. Reporting levels may be affected by cultural differences in revealing information remotely.

Cognizant that restrictions of movement mean women who experience violence are likely trapped at home with their abusers, the privacy and safety of respondents were of utmost priority. **Ethical and safety protocols were enacted** such as ensuring that women are alone when responding, use of a safe word by the respondent at any point during the survey, ensuring speakerphone or call recording were not in use, providing support resources to all, etc.

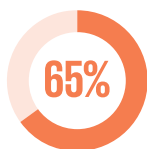
The survey asked **indirect or direct questions on respondents' safety** in private and public spaces. Respondents could answer the questions based on their own feelings and perceptions and/or those of the people in the area where they live. Women were also asked about either their own experiences or if they know other survivors of VAW in any space by any perpetrator. Research suggests that indirect questions used to measure VAW during COVID-19 have resulted in conclusive evidence in Indonesia, Peru and Uganda.⁸ Results of this study indicate a similar pattern (Box 2 and Technical Note). In addition, direct questions on VAW experiences were used in Colombia to enhance the evidence-based update of methodologies of VAW data collection.

For the purpose of the assessments, the **experiences of VAW are defined as**: physical abuse (i.e., been slapped, hit, kicked, had things thrown at them, or other physical harm); verbal abuse (i.e., being yelled at, called names, humiliated); denied basic needs (i.e., health care, money, food, water, shelter); denied communication (i.e., with other people, including being forced to stay alone for long periods of time); and sexual harassment (i.e., being subjected to inappropriate jokes, suggestive comments, leering or unwelcome touch/kisses).

SINCE THE PANDEMIC VIOLENCE AGAINST WOMEN HAS INCREASED



of women reported that they or a woman they know has experienced a form of VAW since COVID-19

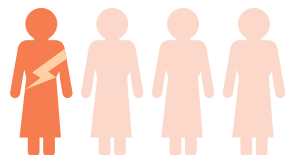


of women reported experiencing it in their lifetime



4 in 10 women

feel more unsafe in public spaces



1 in 4 women

- say that household conflicts have become more frequent
- feel more unsafe in their home



1 in 5 women

feel unsafe walking alone during the day



1 in 2 women

feel unsafe walking alone at night



7 in 10 women

said they think that verbal or physical abuse by a partner has become more common



6 in 10 women

said they think sexual harassment in public has worsened



3 in 10 women

think that VAW in their community has increased

WHO IS LIKELY TO BE FOOD-INSECURE?



Women who have experienced or know a woman who has experienced VAW since COVID-19



Women who feel less safe at home since COVID-19

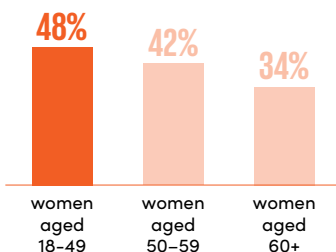


WHICH WOMEN ARE MOST AFFECTED?

Younger women

1 in 2 women

reported having experienced violence or knowing a woman who has, since the pandemic



Women living with children



1 in 2 women

with children experienced violence or know a woman who has, compared to

37%
partnered women without children

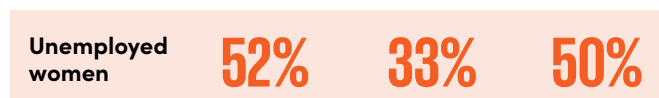
41%
nonpartnered women without children

Unemployed women

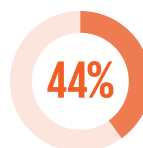
reported VAW experiences

feel less safe at home

feel less safe walking alone in public at night



Women living in rural areas



were more likely to report feeling more unsafe while walking alone at night since COVID-19, compared to women living in urban areas (39%).



were also more likely to think that sexual harassment in public spaces has worsened, compared to 55% of women living in urban areas.

NEW SURVEY DATA CONFIRM A SHADOW PANDEMIC

According to recent estimates, globally, 245 million women and girls aged 15 years or over have been subjected to sexual and/or physical violence perpetrated by an intimate partner in the previous 12 months.⁹

To what extent is violence in private and public spheres exacerbated during the COVID-19 pandemic? Pooled estimates from 13 countries covering more than 16,000 women respondents answer this question.

1 in 2 women reported that they or a woman they know experienced a form of violence since the COVID-19 pandemic

Based on the pooled data, 45% of women have been exposed directly or indirectly to at least one form of VAW (i.e., either they or other women they know have experienced one or more forms of violence) since the onset of the pandemic. Exposure was highest among women in Kenya (80%), Morocco (69%), Jordan (49%) and Nigeria (48%). Those in Paraguay were the least likely to report such experiences, at 25%.

Verbal abuse and denial of basic resources were the most common forms of VAW reported (23%), since the pandemic began. Another 21% of respondents reported denial of communication, although these may have been the result of measures taken to limit the spread of

the pandemic, such as lockdowns, curfews and social distancing¹⁰. Similarly, 16% reported sexual harassment and 15% reported physical abuse.

Data on women reporting their own direct experience of violence during COVID-19 (i.e., not about other women they know), particularly from their intimate partner, are only available for Colombia, where the rate was 12%. (See Box 2.)

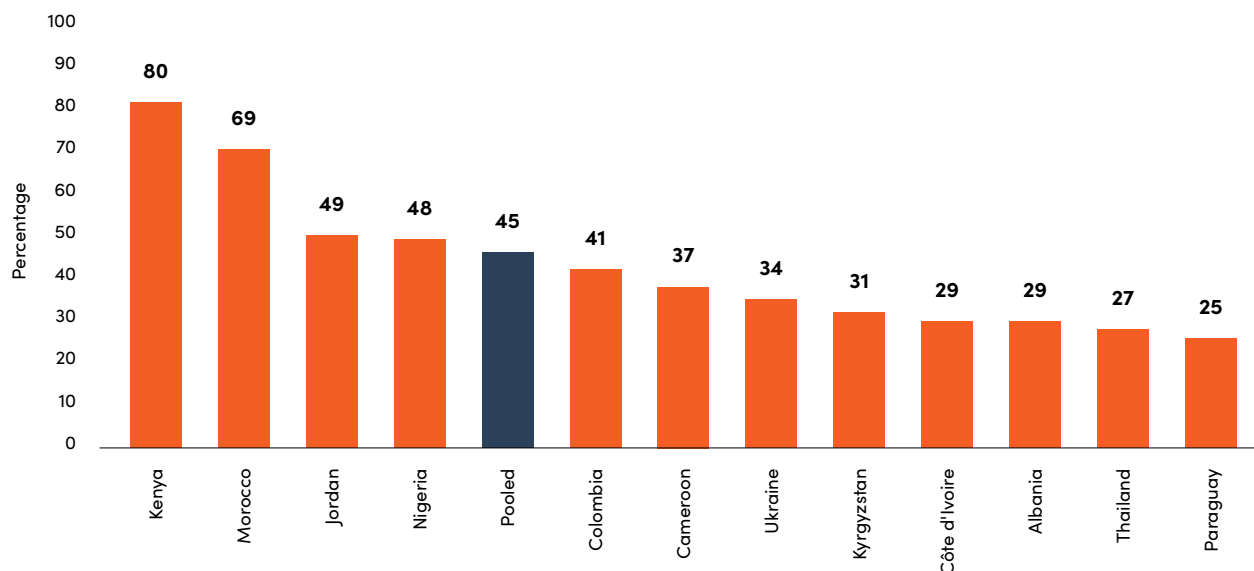
COVID-19 has exacerbated a pre-existing crisis

The VAW RGAs reveal that high levels of violence against women preceded the COVID-19 pandemic, with nearly 2 in 3 women (65%) exposed directly or indirectly to at least one form of VAW over their lifetime.

In Bangladesh (93%), Kenya (80%), Morocco (78%), Nigeria (68%) and Jordan (66%), over two thirds of women reported such experiences.

FIGURE 1

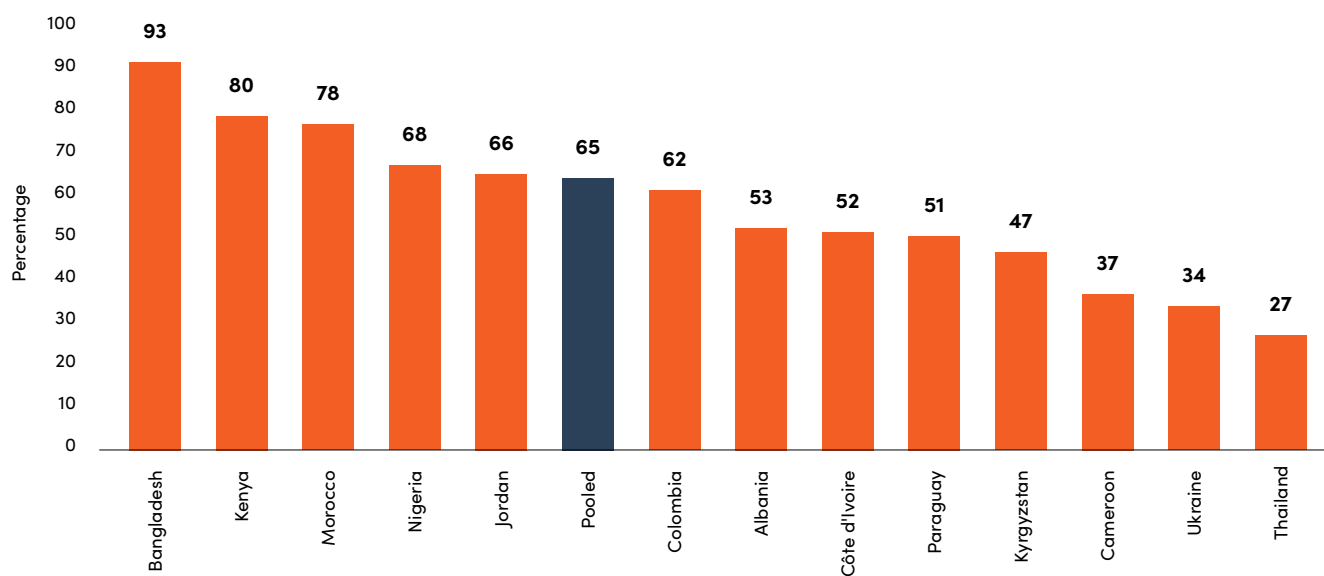
Proportion of women who reported that they or a woman they know experienced a form of VAW since the COVID-19 pandemic, by country, April–September 2021



Note: Pooled estimates refer to 12 countries, excluding Bangladesh, due to differences in field operation on the question of whether the respondent or any woman she knows had experienced VAW only since COVID-19.

FIGURE 2

Proportion of women who reported ever having experienced a form of VAW or knowing another woman who experienced it, by country, April–September 2021



Who is most likely to report having experienced violence or to know a woman who has since COVID-19?

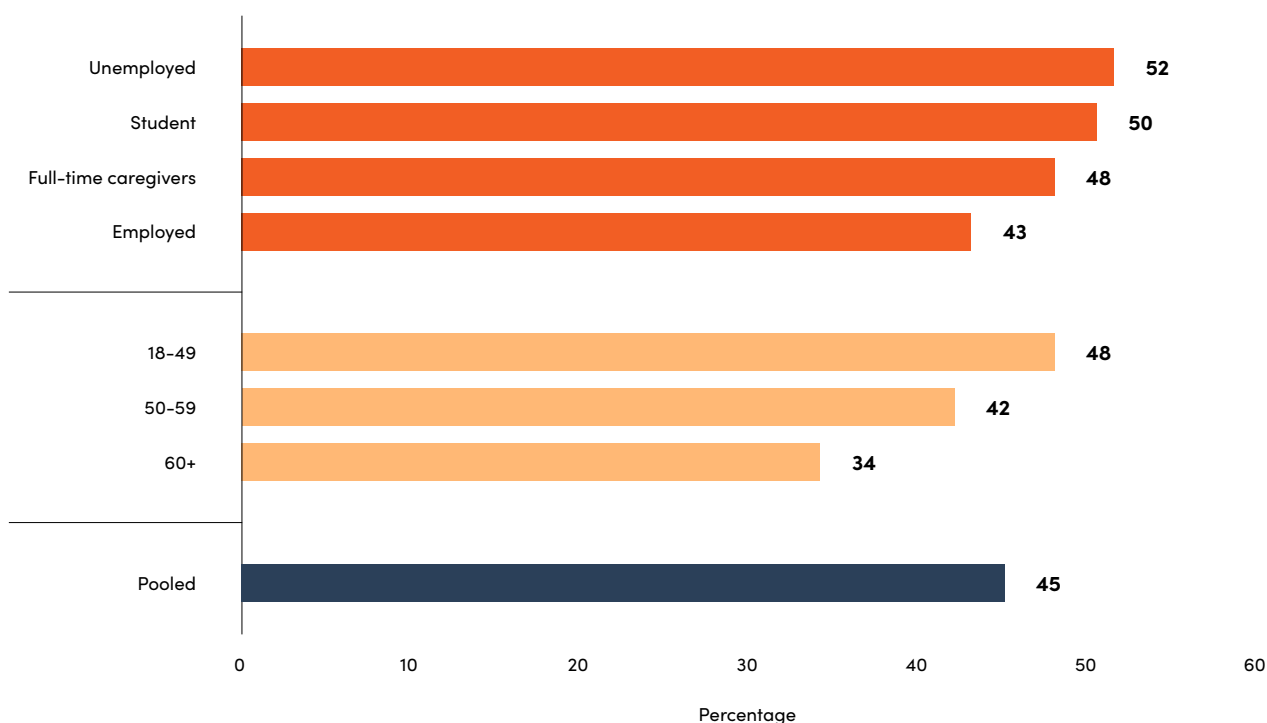
Further disaggregation of the data shows that certain groups are particularly vulnerable. Younger women aged 18–49 years are the more vulnerable group, with nearly 1 in 2 of them affected. It is commonly assumed that violence against women affects only women of a certain age. For this reason, most surveys do not measure violence against older women, and therefore fail to document a persistent and growing problem that intersects with population ageing. However, data from the RGAs shows that this is not the case, as more than 3 in 10 women (34%) aged 60+ and

more than 4 in 10 women aged 50–59 years (42%) reported having experienced violence or knowing someone who has since the pandemic began. Policies designed to address VAW must also consider particularly vulnerable groups, such as older women. Moreover, data-collection instruments, which are mainly capped at age 49, need to be revised to systematically measure the experienced of older women.¹¹

Women living with children were more likely to report having experienced violence or to know someone who has since COVID-19, whether they were partnered (47%) or not (48%). Conversely, nearly 4 in 10 women living without children, partnered (37%) or not (41%), reported such experiences. Women who were not employed during the pandemic were also particularly affected, with an estimated 52% reporting such experiences, compared to 43% of employed women.

FIGURE 3

Proportion of women who reported experiencing or knowing a woman who experienced VAW since COVID-19, by age group and employment status, April–September 2021



Note: Pooled estimates refer to 12 countries, excluding Bangladesh, due to differences in field operation on the question of whether the respondent or any woman she knows had experienced VAW only since COVID-19.

BOX 2

When asked directly, more than 1 in 10 women in Colombia reported their own experiences of physical abuse by a partner during the pandemic

For most of the study, indirect questions were used, tracking experiences either by respondents themselves or by women they know. However, in Colombia, direct questions on experiences of physical abuse by a partner were included as new ways to measure the extent of VAW during the pandemic and to develop new methodologies for VAW data collection during crises while ensuring the safety of respondents. This inclusion followed approval of the approach by both the heads of the country's National Administrative Department of Statistics and Presidential Council for Women's Equity.

In Colombia, 12% of women said that a partner had been physically abusive to them at least once in the past 12 months. Compared to other related questions on domestic violence also asked in the survey,

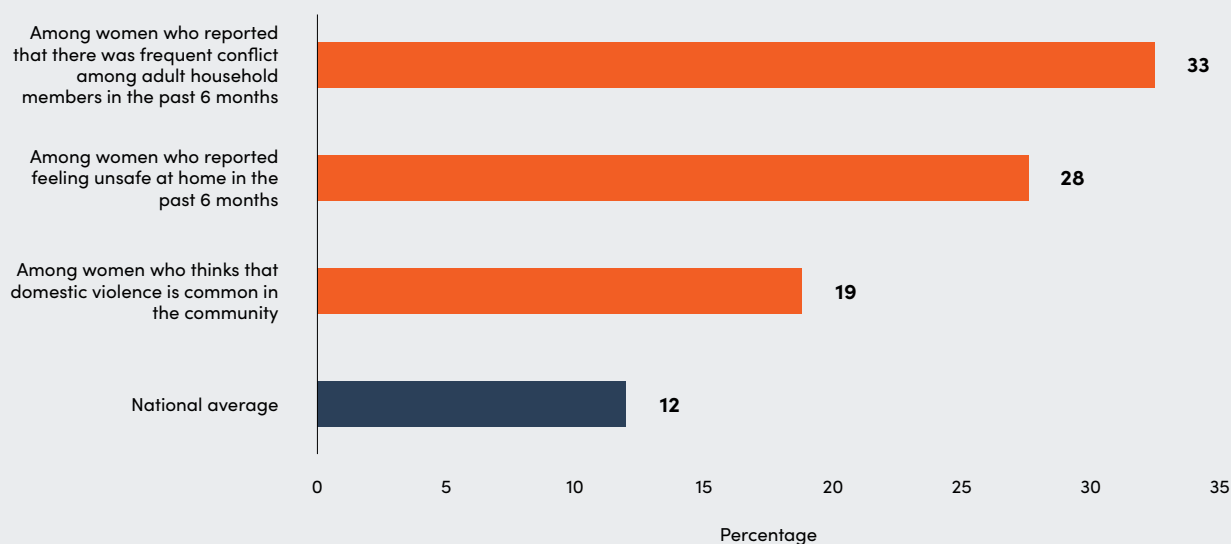
the number is relatively low, and may point to an underestimation. For example:

- The percentage of women who reported living in households with frequent conflict was almost three times higher (33%)
- The percentage of women who reported not feeling safe at home was 2.3 times greater (28%)
- There were 1.5 times more women who said they think that domestic violence is common in the community (19%).

In addition, official estimates for Colombia show higher estimates with 1.5 times more women who reported physical and/or sexual intimate partner violence in the past 12 months (18%).¹²

FIGURE 4

Proportion of women in Colombia who experienced physical abuse by a partner during COVID-19 and their related experiences or perceptions of domestic violence, August–September 2021



Note: 'Experienced domestic violence' refers to respondents who answered 'Often,' 'A few times,' and 'Rarely' to the question: "How often, if at all, in the past 12 months, has a spouse or partner pushed you, thrown something at you that could hurt you, punched or slapped you?"

'Domestic violence,' also called 'domestic abuse,' can be defined as a pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner. This type of violence can include physical, sexual, psychological/emotional or economic actions or threats of actions that influence another person. This includes any behaviours that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound someone. Domestic abuse can happen to anyone of any race, age, sexual orientation, religion or gender. It can occur with any type of couple (who is married, living together or dating). Domestic violence also affects people of all socioeconomic backgrounds and education levels.¹³

MANY WOMEN DO NOT FEEL SAFE AT HOME OR IN PUBLIC

The study found that COVID-19 has eroded women's feelings of safety, whether inside or outside of their households, with significant negative impacts on their mental and emotional well-being. Socioeconomic stressors such as financial pressure, employment, food insecurity and family relations stood out as having a significant impact not only on experiences of safety (or violence) but also on women's well-being overall.

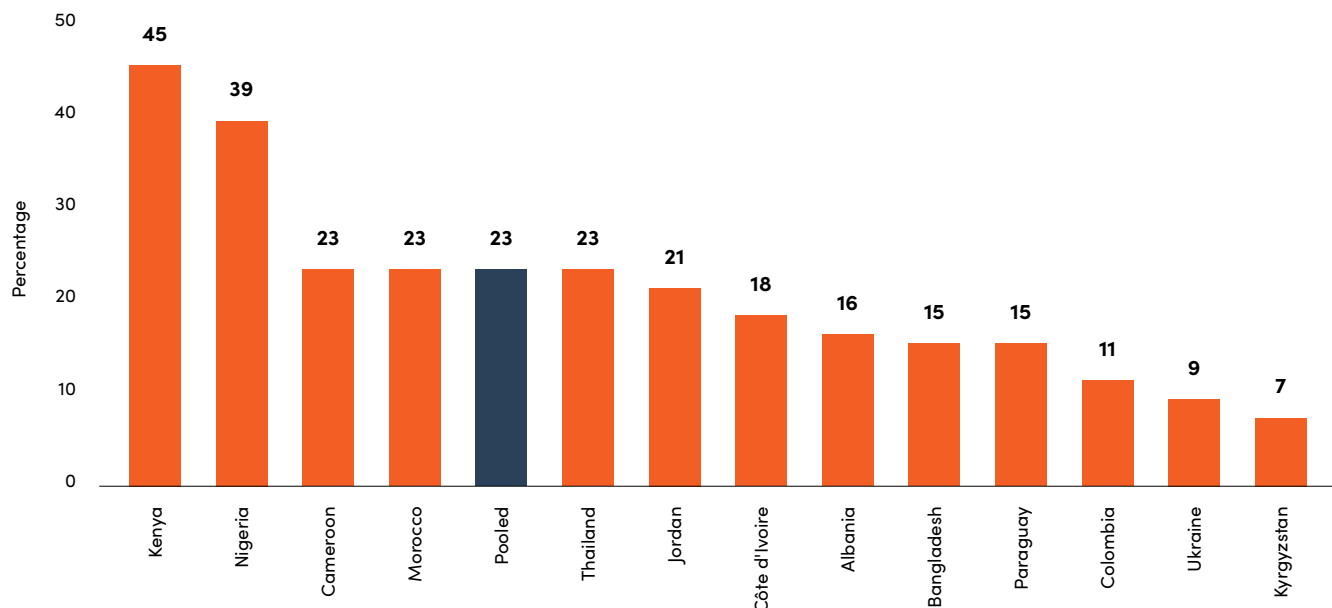
Many women feel more unsafe at home during the pandemic

1 in 4 women (23%) said that COVID-19 has made things worse in terms of how safe they feel at home. Women from

Kenya (45%) and Nigeria (39%) were more likely to report this than in other countries. Women in Kyrgyzstan and Ukraine were those least likely to report this, at 7% and 9%, respectively.

FIGURE 5

Proportion of women who reported that COVID-19 has made them feel even less safe at home, by country, April–September 2021

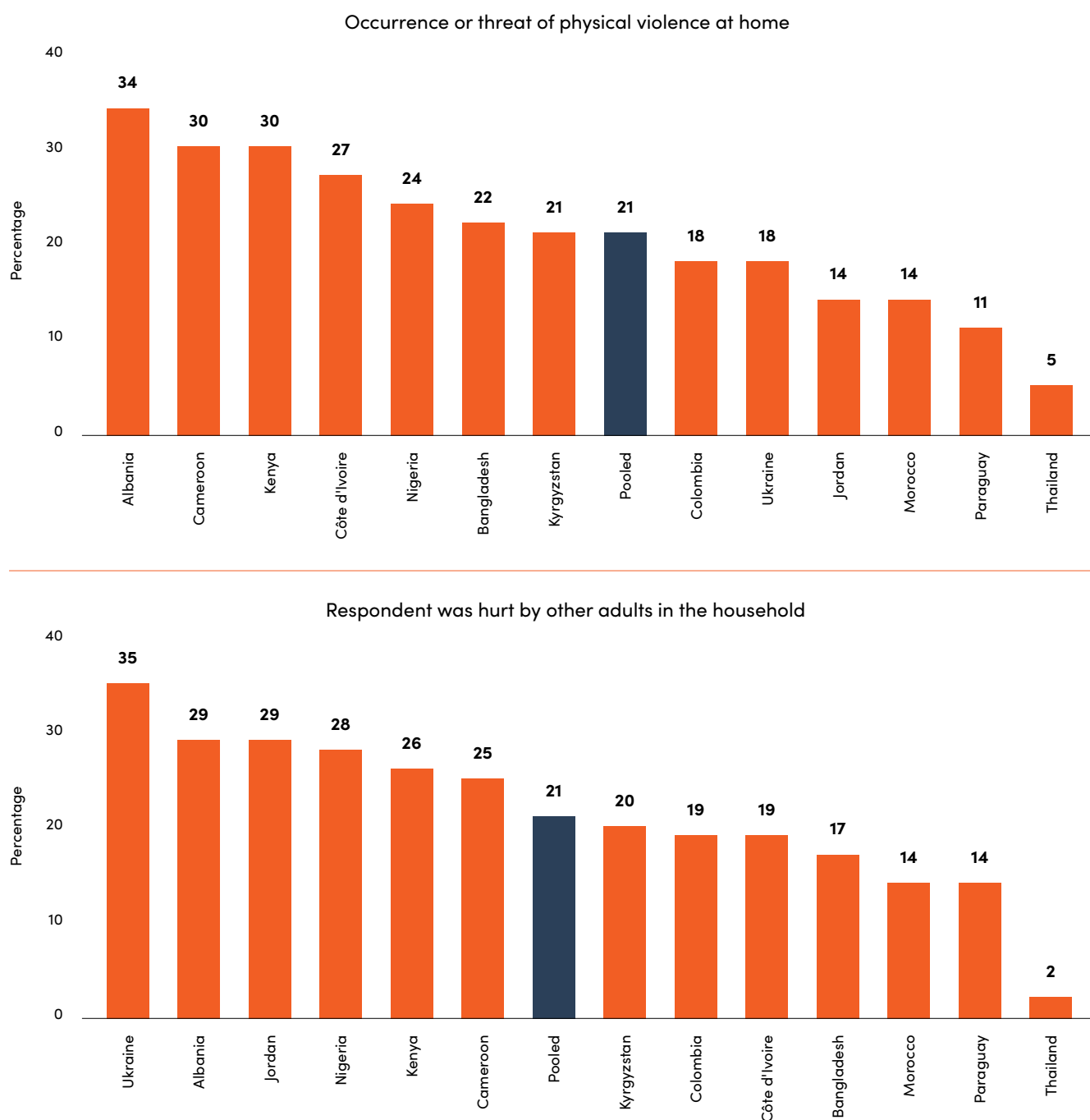


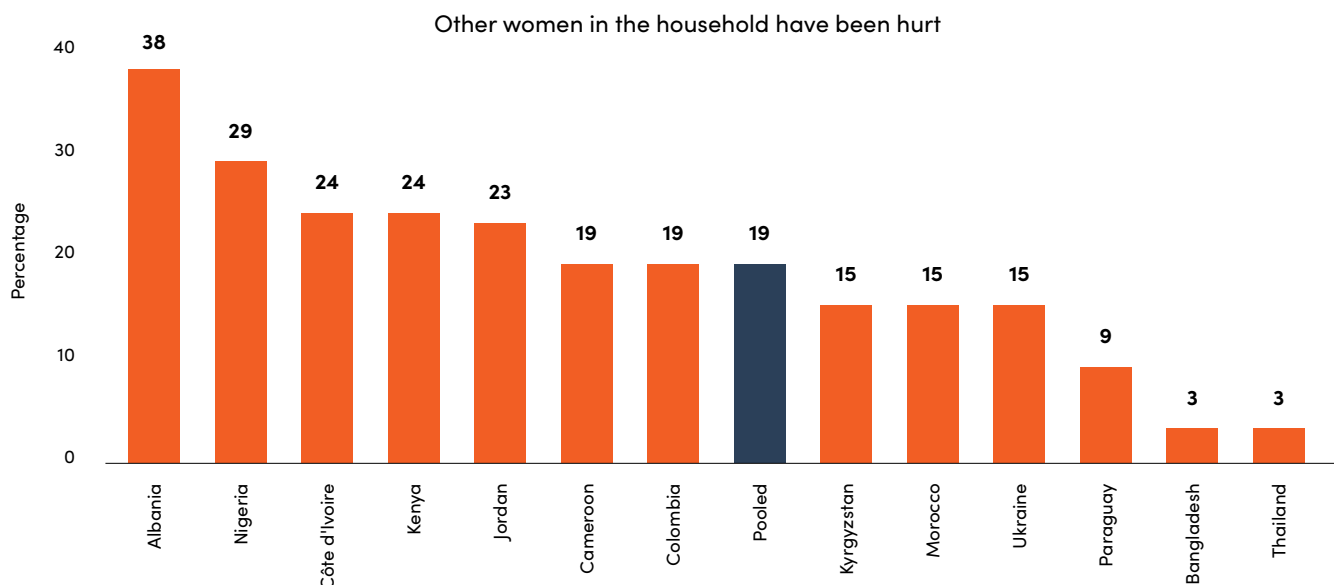
When women were asked why they felt unsafe at home, many cited the occurrence or threat of physical violence as one of the reasons (21% across the pooled sample). Some women specifically reported that they were hurt by another family member (21%) or that other women in the household were victimized (19%). In Ukraine, rates were higher, with

35% of women reporting that they felt unsafe because they were being physically abused by others in the household. Meanwhile, 34% of Albanian women said they felt unsafe because there was physical violence in their homes and 38% said it was because other women in the household were being hurt.

FIGURE 6

Proportion of women who reported occurrence or threat of physical violence at home, being hurt by other adults in the household, and that other women in the household have been hurt as their reason for not feeling safe at home, by country, April–September 2021





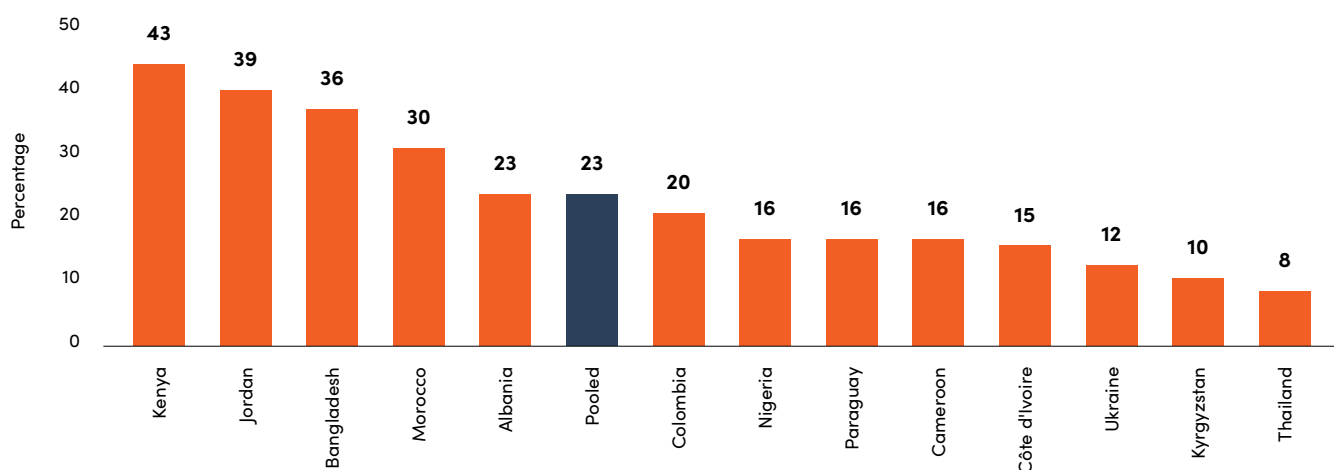
Conflicts or arguments inside homes may have intensified

Women were asked whether COVID-19 has made conflicts among adults in the household less frequent, more

frequent or remained the same. Overall, 23% of women report that such conflicts have become more frequent during the pandemic. Women from Kenya (43%), Jordan (39%), Bangladesh (36%), Morocco (30%), Albania (23%) were more likely to report more frequent conflicts since the onset of COVID-19.

FIGURE 7

Proportion of women who reported that COVID-19 has made conflict between adults in the household more frequent, by country, April–September 2021



Public spaces are dangerous and violent spaces for many women during the pandemic

Sexual harassment and other forms of sexual violence against women and girls in public spaces are an everyday

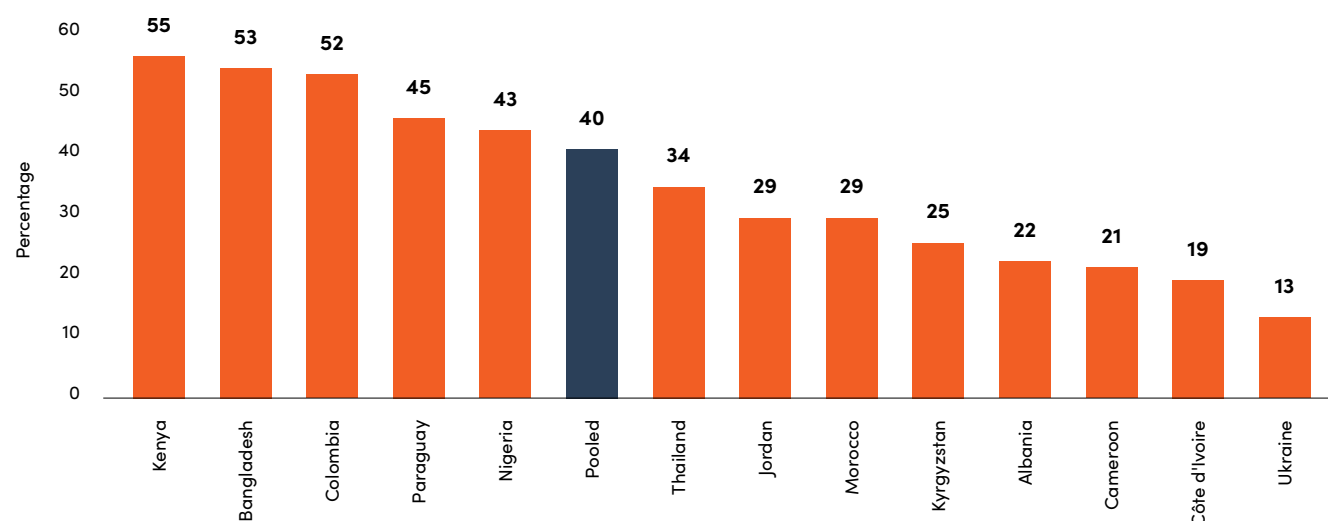
occurrence around the world – in urban and rural areas, in developed and developing countries. VAW in public spaces reduces women's and girls' freedom of movement and their ability to participate in school, work and in public life. It limits their access to essential services, and their enjoyment of cultural and recreational opportunities. It also negatively impacts their health and well-being.

The pandemic has directly impacted women's safety when walking alone at night, with 40% of women across the 13 countries saying their feelings of safety have deteriorated since the onset of COVID-19. Women in Kenya (55%),

Bangladesh (53%), Colombia (52%), Paraguay (45%) and Nigeria (43%) reported the highest values while those in Côte d'Ivoire (19%) and Ukraine (13%) reported the lowest.

FIGURE 8

Proportion of women who reported that COVID-19 made them feel less safe walking alone at night, by country, April–September 2021



In terms of their current feelings of safety in public, more than 1 in 5 women (22%) reported feeling unsafe during the day while walking alone in the area they live. That rate increases to more than 1 in 2 (54%) who reported feeling unsafe walking around at night.

Women in Bangladesh (72%), Paraguay (62%), Kenya (60%) and Colombia (60%) were more likely to report feeling unsafe at night than respondents in the other countries surveyed. Meanwhile, Jordan was the country where the least number of women (30%) reported feeling unsafe at night. However, it is important to note that feelings of safety while walking alone depend on women's freedom of movement, which may be restricted in certain contexts. Hence, the results in this section should be interpreted with caution.

Who thinks COVID-19 has made them feel less safe at home or in public?

When disaggregated by age, more women younger than 60 report feeling more unsafe at home (24%) compared to women aged 60 and above (19%). More unemployed women report this (33%) than employed women (26%).

Household characteristics also reveal differences in terms of who reports feeling more unsafe at home. About 2 in 5 women (39%) who experience frequent conflict among adults in their households reported feeling more unsafe in their homes since COVID-19, which is about twice the proportion of those who reported infrequent (20%) or no conflict (17%). Women living with children (26%), regardless of marital status, also felt that COVID-19 made them feel more unsafe at home since the pandemic began, compared to their counterparts without children (19%).

Similar to feelings of safety at home, women younger than 60 (41%) are more likely to report that they feel less safe walking alone at night since COVID-19 compared to women ages 60 and above (38%). More unemployed women also report this (50%) than employed women (37%).

External environments affect feelings of safety in public. Women living in rural areas (44%) are more likely to report feeling more unsafe while walking alone at night since COVID-19 than women living in urban areas (39%).

Women who reported that they feel less safe in public are more likely to say that they never went out of the house by themselves in the last month (11%) than those who feel more safe walking alone at night since COVID-19 (6%) and those who feel a similar level of safety (7%).

WOMEN THINK THAT VIOLENCE HAS INCREASED DURING COVID-19

Perceptions tell us what people believe about a given trend or problem, whether or not these perceptions are based on reality. They often reflect individuals' fears and ultimately influence people's feelings of safety. Perceptions matter because they affect how people behave, in this case sometimes limiting women's well-being at home, freedom, movement or willingness to engage in public life. This is particularly crucial during crises such as COVID-19, when survivors of violence may feel reluctant to seek the support of families and friends, or support services provided by law enforcement, government or civil society.

Most women think domestic violence has increased during the pandemic

From the pooled estimates for 13 countries, nearly 7 in 10 women (68%) think the incidence of physical or verbal abuse by a spouse/partner violence¹⁴ has increased during the pandemic in the area where they live. Women in Kenya (92%), Bangladesh (81%), Albania (79%), Jordan (74%) and Nigeria (74%) had the highest perception of increased violence while the lowest rate was in Kyrgyzstan (33%).

At the time of the survey, most women (56%) said they think that domestic violence by a partner is still a common phenomenon in their community, pointing to women's perception of the lingering effects of the pandemic. An alarming 98% of Bangladeshi women think it is common, the highest among all countries, followed by Kenya (68%), while the lowest rate was among Thai women, at 11%. Prevalence data may back these findings, as in another study,¹⁵ Bangladesh was cited as having substantially high levels of

lifetime experiences of physical or sexual violence, at 75%.

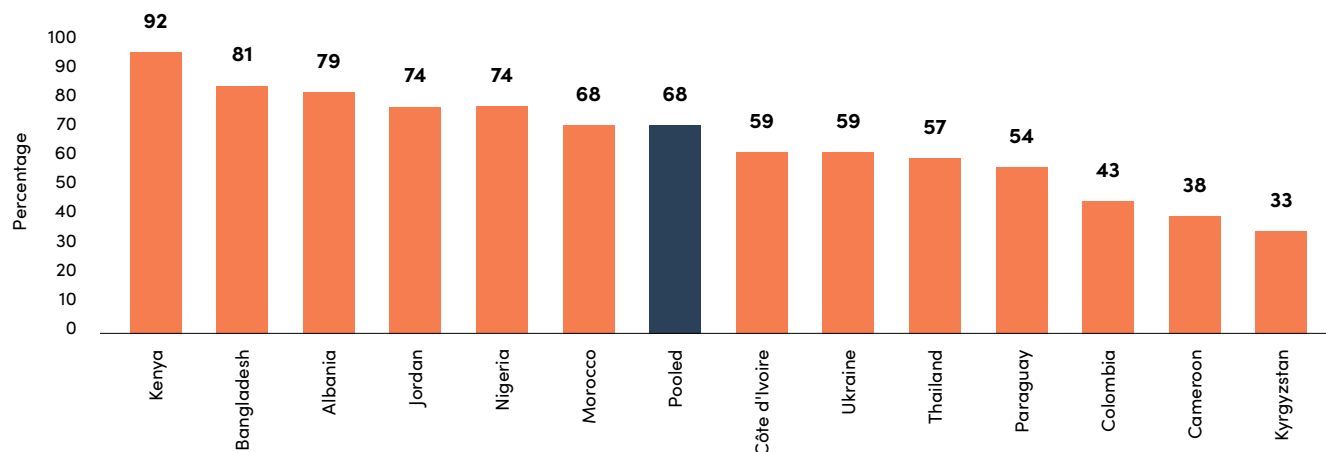
Most women think that women experiencing domestic violence are more likely to seek help from family members

When asked whether women survivors of violence would seek help in such scenarios, most respondents (8 in 10) said they think these women would reach out for help, with the family being the top option (49%). Only 11% of respondents said they think women would reach out to police; and 10% said women would go to women's support centres or groups.

Notably, women in Thailand, Ukraine, Paraguay and Kenya were more willing to seek help from police compared to other countries, although their first preference would be to receive support from family.

FIGURE 9

Proportion of women who reported that physical or verbal abuse by a spouse/partner has increased in their community during the pandemic, by country, April–September 2021



3 in 10 women think that violence against women has increased

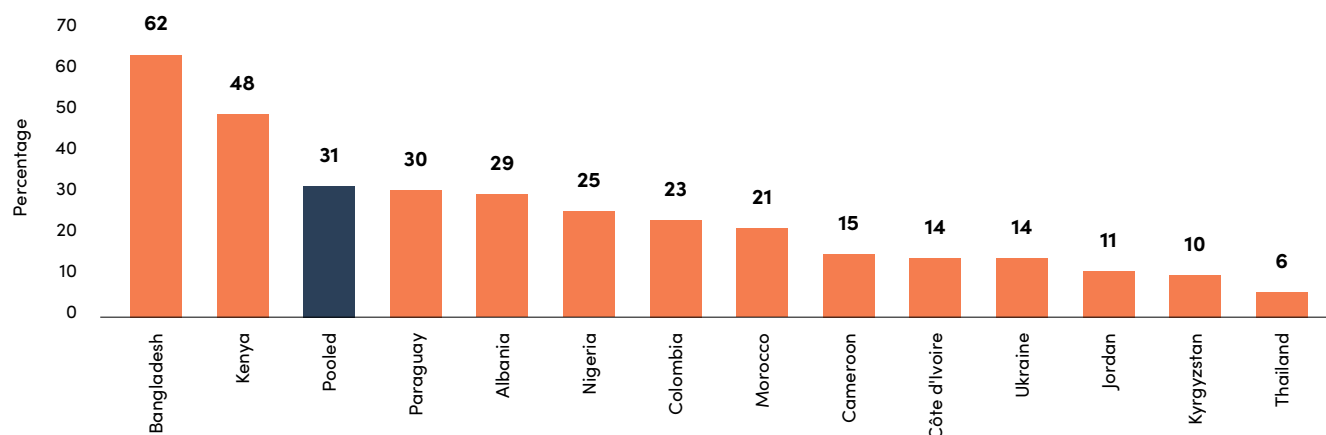
Across the 13 countries, 31% of women said they believe that VAW has increased as a result of COVID-19.

Here again, rates were highest among respondents in Bangladesh (62%) and in Kenya (48%).

Women who reported feeling more unsafe walking at night were also more than twice as likely to perceive that violence has increased in their community (49%) compared to those who reported feeling safer (21%) or whose feelings of safety haven't changed with the pandemic (19%).

FIGURE 10

Proportion of women who said they think that violence against women in the community increased during the pandemic, by country, April–September 2021



Most women think that sexual harassment in public is worse

Women were asked about their perception of the safety of women of their communities in public spaces during evenings with the help of a vignette.¹⁶

Data from the 13 countries show that more than half (58%) of women said they think that sexual harassment in public spaces has worsened amid COVID-19. Women in Kenya (81%), Bangladesh (70%) and Nigeria (67%) were those most likely to perceive an increased incidence of sexual harassment.

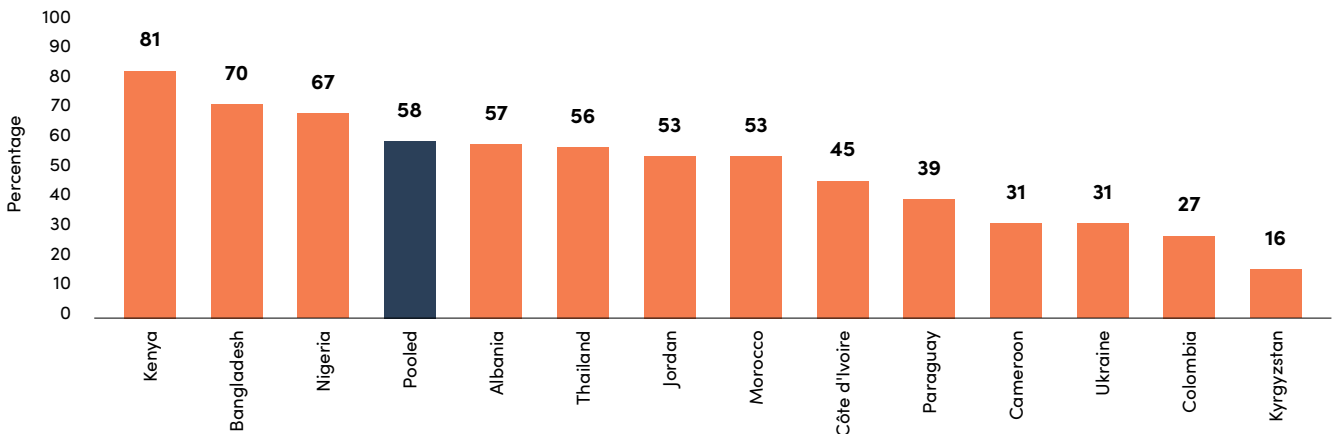
On average, almost 8 in 10 women reported that they believed women would seek help in such circumstances. Nearly all (99%) of women said so in Bangladesh.

In contrast to domestic violence, when respondents were asked where women experiencing sexual harassment in public spaces would seek help, 33% of women reported that survivors would primarily seek help from police; 29% believed women would reach out to family first; and 12% women said survivors would go to community leaders. It

is evident that women think of seeking help from police more when it comes to problems beyond the family realm, such as sexual harassment in public spaces, denoting the importance of having support services readily available, accessible and known to women.

FIGURE 11

Proportion of women who think that sexual harassment increased during the pandemic, by country, April–September 2021



Who is most likely to think violence against women has worsened

Women who think the incidence of physical or verbal abuse by a spouse/partner violence has increased amid the pandemic in the area where they live are more likely to be:

- Younger women aged 18–49 (70%), although this is only slightly higher than for women aged 50–59 (67%) and women aged 60+ (63%).

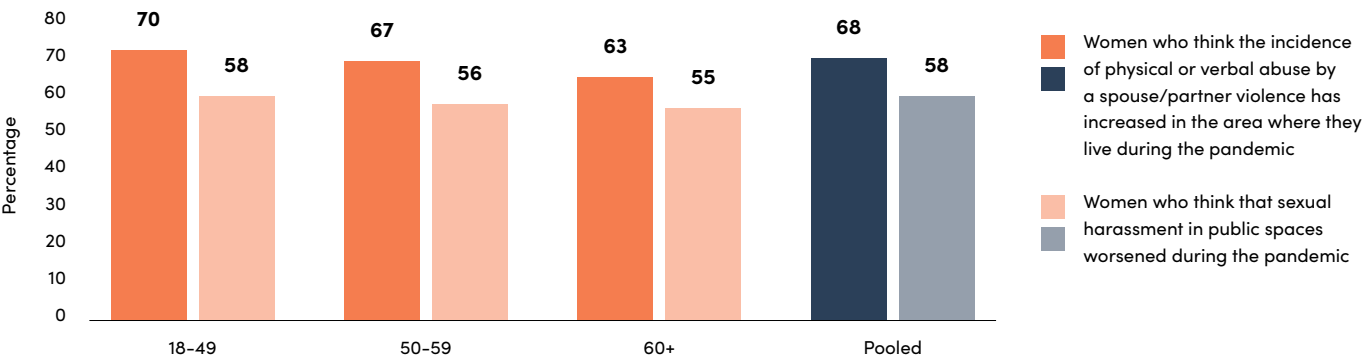
- Women living with children, regardless of whether they have a partner (72%) or not (69%), compared to those without children, whether partnered (63%) or without a partner (64%).

Women who think that sexual harassment in public spaces has worsened during the pandemic are more likely to be:

- Younger women aged 18–49 (58%), although this is closely followed by women aged 50–59 years (56%) and women aged 60+ (55%).
- Women living in rural areas (62%), compared to 55% among their counterparts in urban areas.

FIGURE 12

Proportion of women who think that violence against women in private and public spheres worsened during the pandemic, by age group



VIOLENCE AGAINST WOMEN DURING COVID-19 IS LINKED TO OTHER NEGATIVE OUTCOMES

Besides the physical and health impacts of violence against women during the pandemic, there are other negative outcomes of the pandemic that compound the vulnerability or the level of despair for many women experiencing VAW. In particular, the survey included questions on how COVID-19 is affecting women's mental/emotional health (stress, anxiety, confidence, etc.) and food security. Cross-tabulating these indicators shows some worrying intersections.

More than 2 in 5 women said that COVID-19 has worsened their overall mental and emotional health

Overall, 41% of women reported that their mental and emotional health have been negatively affected as a result of the pandemic. This, in part, could be associated with increased VAW.

Indeed, respondents who reported experiences with VAW, feelings of insecurity, or perceptions of the worsening VAW situation during COVID-19 were more likely to report increased stress and strains on their mental health. For example, women who experienced or know other women who experienced a form of VAW since COVID-19 were 1.3 times as likely to report increased mental and emotional stress as women who did not. Women who reported feeling more unsafe at home or in public since COVID-19 were 1.3 and 1.2 times as likely, respectively, to report increased mental and emotional stress as women who

did not. Women who perceived that domestic violence, sexual harassment or VAW in general have increased in the community during COVID-19 were respectively 1.3, 1.2 and 1.4 times as likely to report increased mental and emotional stress as women who did not. This suggests that VAW – whether measured through their own or others' experiences, feelings of safety, or perceptions – has especially impacted women's mental and emotional well-being.

These findings corroborate past research¹⁷ on the consequences of VAW on women's health, with direct consequences in terms of mental illnesses, such as depression, anxiety, post-traumatic stress disorder, or attempted suicide. This calls for more resources to be allocated for the provision of quality, accessible and available mental health services to ensure psychosocial support for women and girls who experience violence and for strengthening capacities of first responders, including health workers, law enforcement and court officials and emergency shelter and counselling staff, to effectively identify and treat or refer VAW survivors to relevant health and counselling services.

VAW correlates with food insecurity for women

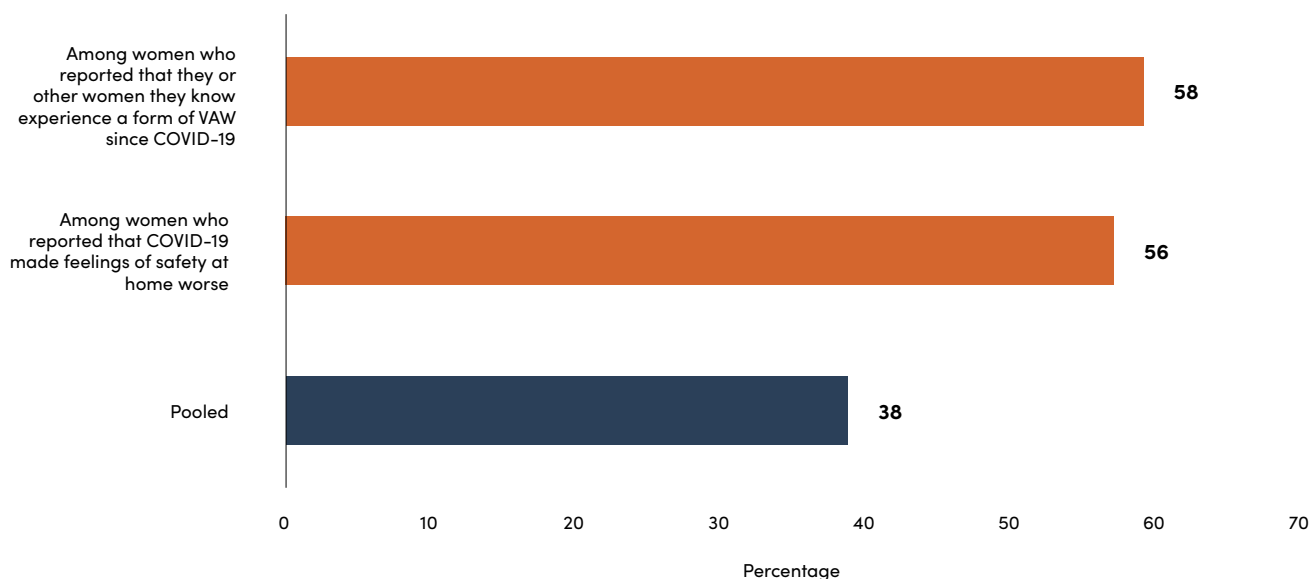
A similar phone survey on gender-based violence in Indonesia conducted by the World Bank¹⁸ found that household food insecurity is among the strongest predictors of exposure to gender-based violence. Building on this work, this study examined women's experience of food insecurity in their household, using the Food and Agriculture Organization's (FAO)

methodology for monitoring Sustainable Development Goal indicator 2.1.1.¹⁹

On average, around 4 in 10 women (38%) are likely to be food insecure, whether moderately or severely. When cross-tabulated with the indicator on women who have experienced or know other women who have experienced VAW since COVID-19 (58%) and among women who feel less safe at home since the pandemic (56%), the results reveal a positive relationship, suggesting an additional stressor for these women or even possibly the denial of food as a manifestation of such violence.

FIGURE 13

Prevalence of food insecurity and VAW-related indicators during COVID-19, April–September 2021



Who is most likely to report mental/emotional stress or food insecurity?

Further disaggregation of data finds that full-time caregivers (46%) and unemployed women (45%) are more likely to report their mental health being negatively affected due to the pandemic. Students and employed women reported such circumstance at 39% and 38%, respectively.

Disaggregation of data shows that particular groups of women are more food insecure. Women aged less than 50 years are more likely to be moderately or severely food insecure (39–42%) as compared with those aged 50–59 years (34%) and 60+ years (33%). In terms of presence of children in the household, women living with children are more likely to be moderately or severely food insecure than those without (42% and 32%, respectively). The same groups of women are also more likely to experience or know other women who experienced VAW since COVID-19 (earlier discussed) showing that they are not only at higher risk of violence but also of denial of food needs.

CALL TO ACTION

Results of the study yield important insights into how the COVID-19 pandemic has exacerbated violence, revealing connections between violence, food insecurity and consequences on women's mental health. The stark socio-economic inequalities worsened by the pandemic have placed the most vulnerable groups of women at an even higher risk of violence, as a loss of income for women in abusive situations makes it even harder for them to escape. These risks are evident when looking at differences in experiences, feelings or perceptions of VAW among women across age groups, employment status, and those living with or without children. In the aftermath of the crisis, violence against women and girls will continue to escalate, as long as unemployment, financial strains and insecurity persist.

To prevent violence against women, it is necessary for policies to integrate comprehensive measures to provide social protection and economic support to survivors of violence, as done by Colombia to mitigate the impacts of COVID-19.²⁰ In addition, UN Women and UNDP's global database on pandemic-related policies adopted by countries to address women's economic and social security, unpaid care work and violence against women show a significant response with 853 out of 1,605 (53%) gender-sensitive measures adopted by countries to specifically address violence against women. However, more is needed as significant gaps persist to mount a more comprehensive and effective response, which requires putting women at the centre of policy change and addressing the structural and root causes of VAW.

The results of the VAW RGAs suggests the need for at least five main actions:

1. **Put women at the centre of responses, including policy solutions**, to ensure that women's voices, needs and rights are reflected in pandemic responses, recovery, planning and decision-making, for example through their equal representation in COVID-19 task forces. Globally, women still make up **less than a quarter (24%) of COVID-19 task force members**. States can address this gap by involving women's organizations in recovery plans and longer-term solutions to address the increase of violence against women and girls during COVID-19.
2. **Allocate additional resources and include evidence-based measures** to address violence against women and girls in COVID-19 recovery and response plans through holistic and multisectoral measures that are fully integrated within national and local policies. These should not be seen as emergency, short-term or stop-gap initiatives, but measures that will last as long

as needed to address the long-term impacts of the pandemic.

3. **Strengthen services for women who experience violence, including where COVID-19 has increased existing risk factors and vulnerabilities**. Efforts implemented since the onset of the pandemic **to strengthen services** – including shelters, hotlines and reporting mechanisms, psychosocial support, and police and justice responses to address impunity – must be maintained as a priority of recovery plans. Identified gaps must be addressed for all women and girls to be aware of and able to access quality available services.
4. **Invest in medium- and long-term prevention efforts to end violence against women and girls** that address gender norms, root causes and risk factors, especially for those that have been exacerbated by COVID-19. Prevention initiatives can include the creation of awareness and messaging to influence social norms through media, the development of dedicated curricula in both formal and informal education systems, and the provision of economic and livelihoods support to women and households.
5. **Ensure that gender statistics and sex-disaggregated data are collected regularly, including to measure the impacts of COVID-19 and short- and long-term violence against women and girls**, to inform responses. This includes resuming national prevalence survey data collection on VAW and strengthening administrative data systems to assess the needs and capacity of services to respond to the increased demand in the context of COVID-19. Ensure that data capture intersectionality and neglected groups such as women aged 50 years or over. To this end, further investments in gender data are paramount.²¹ **In settings where regular prevalence surveys cannot be conducted, the VAW RGAs have shown that through innovative techniques, high quality data can be collected without necessarily putting women's safety and security at risk.**

Ultimately, the purpose of data collection and analysis is to inform policies, research and advocacy to improve people's lives. We urge policymakers, service-providers, researchers, media and advocates alike to make use of the findings of this VAW RGAs to fuel evidence-based decision-making. UN Women's RGAs on the socioeconomic impacts of COVID-19 (some of which included questions on women's well-being and safety) have already strengthened national efforts to combat the pandemic-related surge of violence against women and girls.²² With this new data from these VAW RGAs, UN Women is also advocating for their use in the design of VAW policies and measures during the pandemic and beyond.

ENDNOTES

- 1 UN Women, UNFPA and Quilt.ai. 2021. "COVID-19 and violence against women: The evidence behind the talk. Insights from big data analysis in Asian countries." <https://data.unwomen.org/publications/covid-19-and-violence-against-women-evidence-behind-talk>
- 2 Majumdar, S. and Wood, G. 2020. "UNTF EAW Briefing Note on the Impact of COVID-19 on violence against women through the lens of Civil Society and Women's Rights Organizations." New York: UN Trust Fund to End Violence against Women, May. https://www2.unwomen.org/-/media/field%20office%20unitednations/publications/2020/external%20brief/external%20brief%20for%20publication%206%2019/impact%20of%20covid-19_v08_single%20page-compressed.pdf?la=en&vs=5117
- 3 Guterres, António. N.D. "Make the prevention and redress of violence against women a key part of national response plans for COVID-19." United Nations COVID-19 response website. <https://www.un.org/en/un-coronavirus-communications-team/make-prevention-and-redress-violence-against-women-key-part>
- 4 Mlambo-Ngcuka, Phumzile. 2020. "Violence against women and girls: the shadow pandemic: Statement by Executive Director of UN Women." 6 April. <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>
- 5 UN Women. 2021. "In Focus: End Violence against Women." <https://www.unwomen.org/en/news/in-focus/end-violence-against-women> ; UN Women. 2020. "COVID-19 and violence against women and girls." <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy-brief-COVID-19-and-violence-against-women-and-girls-en.pdf> ; and UN Women's series of policy briefs available at <https://www.unwomen.org/en/digital-library/publications/2015/12/un-women-policy-brief-series>
- 6 UNDP. N.D. "COVID-19 Global Gender Response Tracker." Data Futures Platform. [Accessed 16 November 2021] <https://data.undp.org/gendertacker/>
- 7 As of November 2021.
- 8 Peterman, Amber. 2021. "The Art of Indirect Measures: Asking about Violence Against Women and Children in Remote Surveys." Center for Global Development. [Accessed on 17 November 2021] <https://www.cgdev.org/blog/art-indirect-measures-asking-about-violence-against-women-and-children-remote-surveys>.
- 9 World Health Organization, on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (UNICEF, UNFPA, UNODC, UNSD, UN Women). 2021. *Violence against women prevalence estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. [Accessed 5 November 2021]. <https://www.who.int/publications/i/item/9789240022256>.
- 10 UN Women forthcoming report, 2021, Cognitive testing for rapid gender assessment on the Impacts of COVID-19 on violence against women.
- 11 This is presently being addressed by the UN Women and WHO Joint Programme on Data on Violence against Women
- 12 UN Women. Global Database on Violence against Women. "Colombia". [Accessed 19 November 2021] <https://evaw-global-database.unwomen.org/en/countries/americas/colombia>.
- 13 United Nations COVID-19 Response. N.D. "What is domestic abuse?", [Accessed 30 October 2021]. <https://www.un.org/en/coronavirus/what-is-domestic-abuse>
- 14 This is referred to as domestic violence in the report. See link for the definition, <https://www.un.org/en/coronavirus/what-is-domestic-abuse>
- 15 Hindin, Michelle J., Sunita Kishor, and Donna L. Ansara. 2008. "Intimate Partner Violence among Couples in 10 DHS Countries: Predictors and Health Outcomes." DHS Analytical Studies No. 18. Calverton, Maryland, USA: Macro International Inc. [Accessed 12 November 2021] <https://dhsprogram.com/pubs/pdf/AS18/AS18.pdf>
- 16 Vignette question on sexual harassment used in this study: [Scripter: insert Female name] is a woman. She sells goods in a store in town, she commutes to and from the store in the morning and in the evening. [Scripter: insert Female name] often finds herself alone in the store, especially when she is in charge of closing it at night. Sometimes, men in the town come into the store to say things about her appearance and their desires that are unpleasant and make her feel unsafe. Because of this [Scripter: insert Female name] is afraid of traveling in the evening, in case one of them may harm her.
- 17 UN Women. 2010. "Consequences and costs." Virtual Knowledge Center to End Violence against Women and girls. <https://www.endvawnow.org/en/articles/301-consequences-and-costs-.html>
- 18 Halim, Daniel; Can, England Rhys; Perova, Elizaveta. 2020. "What Factors Exacerbate and Mitigate the Risk of Gender-Based Violence During COVID-19?: Insights from a Phone Survey in Indonesia." World Bank, Washington, DC. [Accessed 16 November 2021]. <https://openknowledge.worldbank.org/handle/10986/35007>
- 19 The Food Insecurity Experience Scale (FIES) is experience-based measures of household or individual food security, which measures whether During the last 12 months, there was a time when, because of lack of money or other resources: the respondent 1) was worried (s) he would not have enough food to eat; was unable to eat healthy and nutritious food; 3) ate only a few kinds of foods; 4) skipped a meal; 5) ate less than (s)he thought (s)he should; 6) Her/His household ran out of food; 7) were hungry but did not eat; 8) went without eating for a whole day.
- 20 UN Women and UNDP. 2021. "COVID-19 Global Gender Response Tracker Fact Sheets". Version 2. <https://www.undp.org/publications/covid-19-global-gender-response-tracker-fact-sheets>
- 21 The latest data from the Partner Report on Support to Statistics 2021 (<https://paris21.org/press>), although financing for gender data has steadily increased, it has plateaued in recent years. At the same time, financing sources have been diversifying, with funding from philanthropic foundations increasing in recent years. A case in point is that this project on the VAW RGAs was funded by the Bill and Melinda Gates Foundation. However, financing for gender data is still dependent on a small group of top donors.
- 22 For more examples, see: UN Women. 2021. Women Count Annual Report 2020. <https://data.unwomen.org/publications/women-count-annual-report-2020>.

