GENDER-BASED VIOLENCE (GBV) AND COVID-19: THE COMPLEXITIES OF RESPONDING TO "THE SHADOW PANDEMIC"

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care

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On the cover: Officers check a baby's body temperature during his arrival at Yogyakarta Adisutjipto Airport, Thursday, March 5, 2020. Checks are carried out to prevent the entry of Corona Virus (COVID-19) into the city of Yogyakarta, which is one of the tourist destinations in Indonesia. (Photo by Devi Rahman/INA Photo Agency/Sipa USA) Credit: Sipa USA/Alamy Live News

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I. Gender-based Violence (GBV) During Times of Crisis

During times of crisis, women and girls face an increased risk of exposure to gender-based violence (GBV).[1,2,3] Although GBV is known to be pervasive in all settings, emergencies disrupt existing protective structures and create multiple circumstances than can lead to various forms of violence, abuse, and exploitation.[4,5,6] In spite of increased global awareness of the need to address GBV in in crisis-affected settings, its prevalence is difficult to determine, in light of the large number of cases that go unreported, as well as the limited resources often in place for gathering this type of evidence in emergency contexts.[7,8]

Experiencing GBV has been associated with a host of negative health, psychosocial, and developmental outcomes in the lives of survivors—both in the short-term as well as the long-term.[9,10] In light of these issues, GBV prevention, response, and risk mitigation represent essential and life-saving components of proposed interventions.[11,12,13]

While there are multiple drivers that contribute to GBV, it is rooted in gender inequalities at the societal level, as well as harmful social norms that discriminate against women and girls.[14] These inequalities are often exacerbated by emergencies, exposing women and girls to unique risks and vulnerabilities.[15] As a result of these issues, it is crucial for prevention and response interventions to address the gendered dimensions of crises, and seek to promote gender equality and transformation.[16,17]

In emergency settings and beyond, women and girls are often among those first to respond to GBV, and possess vital knowledge and skills in order to ensure that cases can be prevented and responded to effectively.[18] As a result, the voices and meaningful participation of women and girls are essential in order for them to shape the course of responsive action, and ensure that it can be done in a way that is relevant, contextualized, and sustainable.[19]

II. Unique Dimensions of GBV and COVID-19

While all crisis-affected settings are associated with an increased risk of GBV, there are unique factors about COVID-19 that make it particularly alarming.[20,21] In light of the physical distancing and movement restrictions that have been put in place across the world to curb the pandemic, women and girls face an increased risk of experiencing violence at the hands of family members, intimate partners or others living within their homes.[22] In all emergency-affected settings, the majority of cases of GBV are perpetrated by known individuals as opposed to strangers.[23,24] The risks of experiencing household violence during times of crisis are often exacerbated by factors such as emotional stress, economic strain, and shifting roles and responsibilities among family members.[25,26] All of these factors are likely to increase within the context of COVID-19, in light of the widespread job loss, economic strain, disruption of normal routines, and ongoing stress associated with actual or potential illness that have resulted in affected regions across the world. When combined with lockdowns and other movement restrictions, homes within the context of COVID-19 can become potential pressure cookers of GBV, as drivers of violence increase, while survivors and those at risk are more restricted than ever in terms of their ability to seek safety or other necessary forms of support.[27]

In light of the highly contagious nature of COVID-19, GBV survivors are exposed to an increased risk of infection if they experience violence at the hands of individuals who are currently transmitting the disease. In this way, GBV incidents in the context of COVID-19 carry with them an added layer of potential harm in the form of COVID-19-related illness —in addition to the substantial impacts associated with violence itself.[28] In light of the tendency for perpetrators to restrict the freedoms and daily behaviors of survivors, those living in abusive households may also be less likely to have access to necessary hygiene materials, life-saving information, or the ability to take necessary steps to protect themselves from infection.[29,30,31] In this way, the circumstances of COVID-19 not only increase the risk of experiencing GBV, but survivors of GBV also face an increased risk of COVID-19 infection—compounding the layers of potential harm experienced by affected women and girls.[32]

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In light of the widespread economic uncertainty that has emerged as a result of COVID-19, there is also an increased risk of exposure to sexual exploitation and abuse (SEA), as women, girls and their households are more likely to face shortages of necessary resources, or become dependent on international aid, which has a long history of being associated with various forms of SEA in exchange for food, essential supplies, or other types of humanitarian assistance.[33,34] Due to security concerns and containment measures that have been put in place to prevent the spread of COVID-19, there is also likely to be an increase in checkpoints and other security personnel, including in and around vital transit hubs or access points for essential services, elevating the risk of SEA carried out by armed forces, police, or other relevant officials.[35] These types of conditions were associated with a rise in reported cases of SEA during the Ebola epidemic, suggesting prevention and mitigation approaches are also warranted within the context of COVID-19.[36]

In certain contexts, quarantine centers are being established by governments to contain and respond to the spread of COVID-19. Although physical separation of those at risk of transmitting infection is crucial from a public health perspective, these centers can place women and girls at an increased risk of experiencing multiple forms of GBV if they are not established in line with existing standards. For example, factors such as inadequate lighting, over-crowding, and the lack of sex-segregated water, sanitation and hygiene facilities can all increase the risk of violence for women and girls.[37,38]

Girls also face unique risks to GBV exposure in light of COVID-19. In settings where schools have been closed as a result of the pandemic, girls miss out of the protective elements associated with formal education such as life skills, access to essential information, and connections with existing referral pathways and forms of support.[39] Without the daily routine of education, out-of-school girls are also more likely to experience various forms of violence at the hands of relatives, neighbors, or those within their communities. Girls not in school are also more at risk of resorting to harmful work or falling prey to various forms of exploitation.[40] Families facing limited financial resources are also more likely to place girls in situations of child, early and forced marriage (CEFM) as a possible coping mechanism, an issue itself considered to be a form of GBV, and one that is widely associated with increased rates of violence, restricted access to education, and negative health and developmental outcomes.[41,42,43] Existing programs designed to prevent CEFM, female genital mutilation (FGM) and other harmful practices are also likely to be suspended due to COVID-19 mitigation approaches, resulting in a potential increase in in the number of girls subjected to these practices. For example, a recent analysis by UNFPA estimates that COVID-19-related program closures may result in as many as two million additional cases of FGM, and 13 million additional cases of child marriage.[44] In contexts where internet access and cell phones are readily available, girls may also be more likely to experience online sexual abuse as a result of prolonged periods of virtual activity due to movement restrictions associated with COVID-19.[45]

On April 5th, 2020, United Nations Secretary-General Antonio Guterres called attention to what he described as a "horrifying surge in domestic violence" since the start of COVID-19, and advocated for all governments to "put women's safety first as they respond to the pandemic."

In light of these factors, UN Women has described GBV as a "shadow pandemic" occurring alongside COVID-19 across the world.[46] Although reported cases represent only a fraction of the actual number of GBV incidents, available data suggests that cases are rising. For example, reported cases of GBV have increased by 30% in France, 25% in Argentina, 30% in Cyprus, and 33% in Singapore since the start of the pandemic.[47,48,49,50] Increased calls to helplines or in other mechanisms for reporting GBV incidents have also been documented since the start of COVID-19 in numerous other countries, including the United States, Canada, China, Australia, the UK, Lebanon, and Malaysia.[51,52,53] While an increase in calls to helplines and other formal reporting mechanisms is suggestive of a potential pattern, it is also possible that some survivors may be less likely to be able to seek help if their perpetrators restrict their access to phones, technology, and other means of seeking support, reflecting the complexities involved understanding the full scale of the problem.[54] In recognition of these issues, on April 5th, 2020, United Nations Secretary-General Antonio Guterres called attention to what he described as a "horrifying surge in domestic violence" since the start of COVID-19, and advocated for all governments to "put women's safety first as they respond to the pandemic."[55]

III. The Complexities of Programmatic Action

While the need to address the issue of GBV within the context of the COVID-19 pandemic is abundantly clear, the capacity of governments, social service providers, and other actors to respond is much more complex. In settings of crisis, available funds for GBV programming are also limited, and GBV is not always prioritized by decision-makers as an essential component of preparedness and response initiatives. In countries affected by COVID-19, health systems and national social services have become significantly over-stretched, with available resources often diverted to responding to COVID-19 cases, making fewer resources available for addressing GBV.[56] In some cases, women's shelters, safe spaces, and other existing GBV program sites may be converted for use as COVID-19 response centers, further eliminating the availability of essential GBV services. Experience from past epidemics has also shown that access to sexual and reproductive health care and other forms of essential assistance for survivors of GBV are likely to be interrupted.[57]

Existing referral pathways and approaches for responding to reported cases of GBV are likely to be changed or disrupted in places affected by COVID-19. Depending on the context, health facilities prioritizing COVID-19 response are likely to be less accessible as an access point to vital services for GBV survivors, requiring them to report their cases to providers from other sectors who may not be adequately equipped to respond to their disclosures. As a result, it is critical that staff across all sectors are aware of existing protocols for responding to GBV cases as well as how to connect survivors with needed services.[58] The potential risk of infection has also forced certain GBV prevention and response services to be suspended, while others have required significant adaptation in order to determine how they can still be carried out safely and in a way that mitigates potential harm. In some cases, movement restrictions put in place to curb the spread of COVID-19 may also interfere with the ability of survivors to seek assistance, if exceptions for those accessing GBV support are not put in place.

In light of the unprecedented nature and scale of COVID-19 across the globe, there is a shortage of available evidence around what works to prevent and respond to GBV in this new context, as well as the ways in which programmatic responses can be effectively adapted. On one hand, there is consensus among GBV experts that essential forms of GBV response services must continue to be provided in order to ensure that affected survivors with urgent concerns are able to access care.[59,60] In seeking to do this, however, providers are often hard-pressed in terms of how to do this effectively, as personal protective equipment (PPE) and other essential supplies are often in short supply, or are not prioritized to GBV responders. In addition, although in some cases certain activities can be adapted using the internet, cell phones, or other remote means, this poses challenges in many settings with limited connectivity, or access to these forms of technology. Further complicating these issues is the fact that women and girls in many contexts often have less access than men and boys to the internet and other forms of technology— impairing their ability to access remote services. These risks are further compounded in the case of women and girls living in households affected by GBV, as their ability to utilize various forms of technology is likely to be restricted by perpetrators.[61]

In light of these circumstances, COVID-19 creates a perfect storm of complications, whereby cases of GBV are likely to rise significantly, while at the same time the ability of survivors to seek help, or the capacity of providers to respond effectively, is more limited than ever.

IV. What Can Be Done?

As a first priority, it is crucial for donors, policy-makers, and implementing organizations to prioritize GBV prevention, response, and risk mitigation approaches as essential parts of COVID-19- related programming. Without adequate funding and political will, it will not be possible for GBV interventions to be carried out effectively.

Second, when it comes to service provision, it is necessary for providers to develop a plan across three primary domains:

1. **GBV RISK MITIGATION:** It is crucial for all humanitarian actors, regardless of sector or modality, to identify new and/or changed GBV-related risks within the context of their COVID-19 response, and incorporate GBV risk mitigation strategies throughout program implementation. Regardless of program type, approaches must be adapted to both mitigate potential harm and ensure that reported cases of GBV can be appropriately referred for specialized support.[62,63] Country programs with existing risk mitigation plans should also update them to ensure that they reflect the unique dimensions of COVID-19, and that they are adapted to reflect the full range of programs and modalities being implemented.

2. **RESPONSE SERVICES:** It is also crucial to ensure that GBV survivors are able to access essential response services—such as case management, temporary shelter, urgent medical care, and other forms of support address the that meet critical needs of survivors. Survivors of sexual violence must also be provided with access to clinical medical care and related referrals in line with the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in crisis settings.[64] In some cases, response services may include a small number of in-person activities using PPE or other safety precautions, while in other settings certain activities such as case management may be able to be conducted using remote means or other adapted approaches. The nature of these response mechanisms and potential adaptations will vary according to context, as well as the existing referral pathways and inter-agency protocols that are in place, although it is the responsibility of GBV actors to determine how these activities can be safely continued, and in keeping with existing guidance as well as in line with the "Do No Harm" imperative.[65] In thinking through potential program adaptations, providers should carefully assess the degree to which women

and girls in affected areas have access to cell phones, the internet, or other forms of technology, and determine which approaches are most appropriate to promote service utilization. In light of the heightened risk of household violence within the context of COVID-19, providers should also carefully determine ways to reach survivors who may be restricted from accessing forms of support as a result of being in abusive living arrangements.[66] Where feasible and appropriate, mechanisms should also be put in place and adapted as needed for the provision of cash and voucher assistance (CVA) to support access to necessary assistance for GBV survivors.[67] In addition to the provision of direct response programming, providers should also ensure that information on existing services, as well as mechanisms for seeking help within the context of the COVID-19 pandemic are widely disseminated throughout appropriate networks and mechanisms.

3. **PREVENTION SERVICES:** In light of the gendered dimensions of the COVID-19 pandemic, it is also necessary for providers to engage in GBV prevention approaches, in order to address the root causes of violence and discrimination.[68] Depending on the context, possible approaches may include engaging with men and boys, initiatives to promote women's economic empowerment, as well as other efforts to change harmful social norms, although providers should carefully determine how to adapt these interventions using remote means or other strategies to ensure that they can be safely conducted.

In light of the limited evidence that exists—both in terms of the scale and nature of GBV in settings affected by the pandemic, as well as the ways in which women, girls, and those with increased vulnerability factors are differentially affected— there is a need to develop innovative approaches for research within in the context of COVID-19 in order to better understand the dimensions of GBV in affected settings. Due to the unprecedented nature of the situation, there is also a need for research, monitoring and evaluation activities that can be safely conducted in keeping with existing standards for ethical data collection, in order to build evidence around the impact of GBV prevention, response and risk mitigation activities within the context of COVID-19, and how existing program approaches can be adapted to more effectively meet the needs of survivors.

V. Recommendations

- **DONORS, GOVERNMENTS, AND POLICY-MAKERS** should prioritize and officially recognize GBV services as an essential and lifesaving component of the humanitarian response to COVID-19, including ensuring that necessary services remain open, and that adequate funding is provided in order to enable targeted, safe, appropriate, and high-quality GBV interventions to take place.

- **GOVERNMENTS, DONORS AND HUMANITARIAN ORGANIZATIONS** should ensure that GBV prevention, response and risk mitigation activities are included as a specific objective in all current and future funding appeals and response plans, including the Global Humanitarian Response Plan (GHRP) for COVID-19 as well as country-based and regional Humanitarian Response Plans (HRPs).

- **IN RECOGNITION OF THE GENDERED DIMENSIONS OF COVID-19, ALL ACTORS** should ensure that programming is based on the findings of a Rapid Gender Analysis (RGA) that includes data disaggregated by sex, age, and disability, in order to better understand the differential experiences of affected individuals and communities, and to guide gender-informed action in the short, medium and long-term. To the extent possible, RGAs should include the safe and meaningful participation of affected populations, including women and girls.

- **ALL ACTORS SHOULD ENSURE THAT WOMEN AND GIRLS ARE PROVIDED** with meaningful opportunities to participate in leadership and decision-making around all areas of program/policy design and implementation, in order to ensure that GBV prevention, response, and coordination approaches can be carried out in a way that is context-specific, sustainable, and adapted to the gendered dimensions of the COVID-19 pandemic.

- **AS PART OF THE FINANCIAL SUPPORT PROVIDED TO RESPOND TO THE COVID-19 PANDEMIC**, donors should allocate direct funding to women's organizations working to address GBV and advance gender equality, in order to ensure the responsiveness of programming to the needs and priorities of women and girls, promote the localization of humanitarian assistance, and support women's and girls' leadership and participation.

- **REGARDLESS OF SECTOR, PROGRAM TYPE, OR MODALITY USED**, all ministries and organizations implementing humanitarian programming should prioritize GBV risk mitigation measures, and provide training for staff regarding how to handle disclosures of GBV and make appropriate and safe referrals.

- **IT IS ESSENTIAL FOR GOVERNMENTS AND IMPLEMENTING ORGANIZATIONS** to raise awareness of existing reporting and referral protocols for responding to cases of GBV in the midst of COVID-19, in order to ensure that they can be appropriately handled; Awareness-raising materials and approaches should be context-specific, and adapted to promote inclusion based on factors such as age, language, literacy level, disability, access to technology, and other potential areas of vulnerability.

- **GOVERNMENTS, SERVICE PROVIDERS AND OTHER IMPLEMENTING ORGANIZATIONS** should ensure that essential GBV response services are continued and expanded based on demand, and explore how these activities can be safely conducted, including through a combination of appropriate adapted in-person activities and remote means, depending on what is most relevant and feasible in a particular context, and in line with existing inter-agency protocols.

- **IN COUNTRIES WHERE MOVEMENT RESTRICTIONS HAVE BEEN PUT IN PLACE** to prevent the spread of COVID-19, governments should issue exceptions to these policies for GBV survivors or those at risk of experiencing violence so that they can seek safety and access vital forms of support.

- **GOVERNMENTS AND IMPLEMENTING ORGANIZATIONS SHOULD ENSURE** that integrated GBV and sexual and reproductive health and Rights (SRHR) programming is prioritized and continued as an essential response to COVID-19, in keeping with the Minimum Initial Service Package (MISP) for reproductive health in crisis.

- **IN ORDER TO ENSURE THE PROVISION OF ESSENTIAL GBV SERVICES AND MEDICAL CARE** for survivors, governments and implementing organizations should provide GBV responders with PPE and other essential materials in order to ensure that they can carry out their work in a safe and effective manner to protect themselves and survivors from potential COVID-19 transmission.

- **IMPLEMENTING ORGANIZATIONS SHOULD ENSURE THAT ECONOMIC SUPPORT** through cash and voucher assistance or through adapted social protection programs have targeted assistance for women and girls, as well as appropriate GBV risk mitigation measures in place.

- **GOVERNMENTS AND IMPLEMENTING ORGANIZATIONS SHOULD INSTITUTE** strong policies and program approaches to prevent, mitigate and respond to sexual exploitation and abuse (SEA) within the context of COVID-19 interventions. Existing policies and programs to address SEA should be adapted to reflect the unique dimensions of the COVID-19 pandemic.

- **AS PART OF THEIR COVID-19 INTERVENTION STRATEGIES**, implementing organizations and government agencies should prioritize GBV prevention approaches that seek to combat harmful social norms and address the root causes of violence and discrimination.

- **IN LIGHT OF THE LIMITED EVIDENCE BASE THAT EXISTS REGARDING THE SCALE AND DIMENSIONS** of GBV within the context of COVID-19, as well how best to respond through programmatic action, there is a need for additional research, monitoring and evaluation activities using innovative approaches in line with relevant safety and ethical considerations, in order to examine the nature of GBV within the context of the pandemic, as well as the impact and effectiveness of existing and adapted GBV prevention, response, and risk mitigation approaches. Research, monitoring and evaluation activities should prioritize ways to include the safe and meaningful participation of affected populations, including women and girls.

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