COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls

INTRODUCTION

This brief highlights emerging trends and implications for the provision of essential services (health, police and justice, social services and coordination of these services) for women and girls who have experienced violence during the current COVID-19 pandemic. It provides actions taken at the regional, national and local levels, in partnership with Governments, civil society organizations and UN entities. These include promising practices from the EU-UN Spotlight Initiative and pilot and self-starter countries participating in the UN Joint Global Programme on Essential Services for Women and Girls Subject to Violence and rollout of its main guidance, the Essential Services Package. It draws upon the knowledge and experience of a wide range of stakeholders who are supporting solutions to end intimate partner violence and other forms of violence against women and girls, accounting for the individual country context in which the crisis is occurring. It makes recommendations to be considered by different partners, including key line ministries, civil society organizations and international organizations, who are seeking to improve the quality of and access to coordinated and multi-sectoral services for all women and girls, including those who are most marginalized and at increased risk of experiencing violence.
The prevalence of violence against women is already very high, with 1 in 3 women globally having experienced physical or sexual violence at some point in their lives and almost six out of every ten women intentionally killed worldwide murdered by an intimate partner or other family member. Before the pandemic, many women and girls lacked access to the most basic free essential services for their safety, protection and recovery, such as emergency helplines, police and justice sector response, health care, safe accommodation, shelter and psycho-social counselling. Where these services existed, they have been typically underfunded, understaffed, uncoordinated or not of sufficient quality. Evidence shows that only 40 per cent of women who experience violence seek help of any sort and many do not report their experiences to formal mechanisms due to shame, fear of reprisals, or lack of knowledge on how to access available help. Women and girls suffering multiple forms of discrimination, such as migrant women, women living with disabilities or those living in rural and remote areas are at increased risk of experiencing violence and less likely to receive the support they need.

The impact of violence on women and girls is severe in emergency settings and contexts with poor functioning health systems, weak rule of law, high levels of violence against women and gender inequality. The economic impacts of the Ebola outbreak in West Africa for example placed women at increased risk of exploitation and sexual violence. In addition, evidence from humanitarian assistance zones, including refugee camps, confirms that where families or individuals are held or housed in close proximity for extended periods of time, rates of violence against women and children are high.

During the current pandemic, as people spend more time in close proximity in household isolation, coping with additional stress such as school closures, increased care burden and financial constraints, women and children are at risk of experiencing higher levels of violence. Recent reports from parts of Asia, North and Latin America and Europe show a significant rise in the number women calling helplines and reporting abuse during the current pandemic. In Tunisia, for example, calls to a helpline in the first days of confinement increased fivefold. In Italy, calls to helplines dropped sharply; however, SMS and emails to support services increased. Other risk factors, such as unhealthy consumption of alcohol or substance abuse, are linked to an increased likelihood of intimate partner violence. These risks are difficult to mitigate in normal daily contexts and are even more acute during the COVID-19 crisis.
The COVID-19 pandemic, and social distancing to curb its spread, may significantly impact the provision of essential health, justice and policing and social services for women and girls who have experienced or are at risk of experiencing violence. In a survey conducted by Safe Lives, a UK charity dedicated to ending domestic abuse, three-quarters of frontline services (76%) have had to reduce their service delivery due to COVID-19. As health care workers become overburdened and prioritize COVID-19 cases, urgent support e.g., clinical management of rape, mental health assessment and care, including psycho-social counselling for survivors of violence, may be disrupted. Access to critical sexual and reproductive health services, including for women who have experienced violence, will likely become more limited.

Police and justice sector actors may also be overwhelmed and shift priorities towards enforcing quarantine, monitoring social distancing, or responding to public unrest and other crime, e.g., looting that may increase as a result of economic and social consequences of responses to COVID-19. Access to justice may be limited, with courts closed or hearings postponed, resulting in a backlog of cases. Informal justice mechanisms that are appropriate to addressing violence against women may become impractical during the COVID-19 response. Women and girls may have more difficulties in promptly reporting violence and obtaining essential police and justice services, either physically, or through helplines, as they live 24/7 with their abusers and have no privacy to make such phone calls. Protection orders may not be enforced during this time, contributing to impunity, while violence against women increases.

Services such as crisis centres, helplines, shelters and safe accommodation, often operated by civil society and women’s organizations on the frontline of community response, may also be scaled back, further reducing the few sources of support that women in abusive situations may have. In the UK, 22% of frontline services have reported that they are not presently able to effectively support adult victims of abuse, while 42% say they are not able to effectively support child victims of abuse. Even where basic essential services are maintained, a collapse in a coordinated response between the different sectors, social distancing and travel restrictions will mean that these sectors will be challenged to provide meaningful and relevant support to women and girls who are experiencing violence. Frontline workers, the majority of whom are women, may also be at risk for violence, both at home and in the workplace.
HOW SHOULD ESSENTIAL SERVICES ADAPT DURING THE COVID 19 CRISIS?

In some countries, health, police and justice, and social services sectors have adapted their services delivery to the current context, through the use of online and/or mobile technologies, or community outreach, to raise awareness and deliver support to survivors. Moving to online support brings challenges, not least addressing the large global digital technological divide. Phones, computers and internet are not always available in many settings in which UN Women, other UN entities, international and national organizations work, especially for lower-income or marginalized populations. Even when they are available, women do not always have access to or control over their use and may be closely monitored when they do. In the UK, for example, 67% of frontline service providers have cited IT challenges in delivering services remotely under the current circumstances and 42% are concerned about client safety whilst using phone or online services.

67% OF FRONTLINE SERVICE PROVIDERS IN THE UK HAVE CITED IT CHALLENGES
RECOMMENDATIONS

The following are recommendations on the provision of essential support services during the COVID-19 crisis. It is critical that any response for women and girls who have experienced violence adopts the basic principles of a survivor-centred approach. This should include considering their multiple needs, assessing risks and vulnerabilities, keeping them safe and secure, adhering to principles of confidentiality and privacy and doing no harm.

GOVERNMENT

- Ensure that essential services providers from all sectors, including civil society organizations, have the necessary level of personal protective equipment and protocols in place to protect themselves and others from the spread of COVID-19, without compromising the level of service accessibility, availability and responsiveness.

- Issue public service announcements with the message that violence against women and girls will not be tolerated during the pandemic and perpetrators will face severe consequences.

- As noted from the Ebola outbreak, ensure equitable and safe responses and services for survivors of violence against women and girls, including support to civil society and women’s rights organizations, are included in national COVID-19 preparedness, response and recovery plans and are informed by women’s and girls’ groups.

- Make urgent and flexible funding available for support services operated by State and especially civil society and women’s rights organizations, as the latter groups more often support those most economically affected by crises.

- Provide economic and livelihoods support, e.g., cash transfers, tax relief, unemployment insurance, vouchers for provisions or assets, etc. to reduce financial strain and poverty, both of which are risk factors for abuse.

- Engage and advocate with private sector in supporting the provision of quality life-saving care for effective COVID-19 prevention, including protective equipment such as sanitizers, gloves, masks etc. for free or at subsidized prices.
CIVIL SOCIETY
• Contribute to knowledge management, e.g., sharing of good practices and lessons learnt with Government and the UN partners on adapting frontline services during crises and addressing immediate needs.

UN
• Conduct rapid assessments and scoping studies to inform planning, programming and implementation of responses, including feedback from civil society service providers. Communities, including survivors’ organizations, should be consulted on their needs and access to technology.

• Through e-learning and/or webinars, undertake capacity-building of service providers, both Government and civil society, across all sectors, including those involved in child protection, on how to handle disclosures of violence against women and girls exacerbated by the pandemic; make referrals for further care; or switch to online support.

• To the extent possible, monitor and evaluate interventions, including gathering data disaggregated by sex, age and disability, to help inform efficiency and efficacy of interventions.

• In line with operational needs, consider deploying police from other crime units to work on cases of violence against women and girls.

• Ensure judicial protection measures remain available and accessible, e.g., through allowing remote applications for administering and ensuring compliance with protection orders; admitting testimony and evidence through electronic means; or by introducing special duty shifts for lawyers, prosecutors and judges.

• Consider the use of integrated mobile justice units, administered by justice sector officials, adapted to the social distancing measures, to support holistic responses in cases involving violence against women and girls and to reach those in more remote areas.

• Ensure that women who have experienced violence can leave their house to escape abuse without being subject to any type of sanctions and limitations for breaching COVID-19 lockdown measures.

CIVIL SOCIETY
• Where appropriate and safe, build solidarity with grass-roots communities to reduce opportunities for the exploitation and abuse of women and children, e.g., work with law enforcement and international/national organizations on the development and dissemination of messaging on the potential risks of trafficking and information on relevant support services.

GOVERNMENT
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UN
• Raise awareness of police and other security personnel on the impact of COVID-19 and the potential increase in cases of violence against women and children.

• Strengthen coordination mechanisms, including between communities and formal/informal
justice actors to ensure mutual accountability in upholding human rights, especially women's human rights, during the pandemic.

GOVERNMENT
• Raise awareness that, to the extent possible, shelters and crisis centres operated by State and civil society organizations should remain open during the COVID-19 crisis, while adhering to necessary safety precautions.

• Offer scaled back or remote services where possible, e.g., speaking to a trained counsellor on the phone, by SMS or linking to a safe ‘chat’ online at specified times.

• Update referral networks, to reflect changes in available care facilities, informing civil society service providers and key communities about these new pathways.

• Update information in service directories to ensure referral to support services continues during the pandemic.

• National helplines should remain functional and available 24/7 during the COVID-19 crisis.

CIVIL SOCIETY
• As noted from the Ebola crisis, provide community-based psycho-social support remotely through local women’s groups, to ensure that prevention and response efforts addressing violence against women and girls are community owned and led by women and girls.21

• Undertake safety planning with a survivor to minimize her safety risk, even if she is in contact, or still living with an abusive partner e.g., identifying places within her own house, emergency shelter or other ‘safe space’ options within this plan.

• Encourage a survivor to stay in touch with her own support network, e.g., family and friends, through texting, use of WhatsApp, Face Time, or social media. Ensure that she is familiar with information and guidance that will help keep her safe as possible when using online platforms.

UN
• Consider strengthening and/or expanding shelters and other safe accommodation operated by State, civil society and women’s organizations, including considering re-purposing other spaces, e.g., empty hotel rooms, educational institutions, or tents in IDP camps.

• Support drafting or revision of standard operating procedures (SOPs) for referral, in collaboration with all relevant stakeholders, to ensure availability and accessibility of essential services for survivors of violence against women and girls.

• Advocate for programmes to address and prevent negative coping mechanisms during household isolation, including resorting to alcohol and/or substance abuse.

• Encourage community members, e.g., postal service workers, pharmacists, neighbours etc. to look out for women and girls who may be at risk of experiencing violence, and where possible, offer support, including information on available resources.
PROMISING PRACTICES

POLICIES AND FUNDING

• In Canada, the Government announced $50 million in aid to support shelters and sexual assault centres for survivors of violence.

• In South Africa, the Department of Social Development has announced a strategy to assist part of the NGO service providers, earmarking relief funds for this sector.

• In Scotland, the Government has allocated funding from its Communities Fund for Scottish Women’s Aid and Rape Crisis Scotland to ensure that access to key support services is maintained during the crisis and victims are still able to report crimes, including through online video platforms, text messaging and phone calls.

• In the Republic of Ireland, the Department of Justice and Equality announced it is allocating funding of over EUR 160,000 for community and voluntary groups addressing gender-based violence.

• In Tunisia, several UN agencies and civil society organizations are redirecting funding into emergency aid for survivors of violence.

ACCESS TO SERVICES

• In the US, the Ford Foundation, along with over 40 US and international-based foundations, have released funding from existing contractual requirements and have allowed these funds to be used for operating (overhead) expenses with decreased reporting requirements.

GOVERNMENT

• In France, Italy, Spain and the US, women can alert pharmacies about a domestic violence situation with a code message that has been specifically created to facilitate police and other support.

• In Canada, domestic violence shelters are deemed essential services and remain open during the lockdown.

• In Colombia, the Government has issued a decree to guarantee continued access to services virtually, such as legal and psychosocial advice, police and justice services, including hearings.22

• In Argentina, the Specialized Prosecutor’s Unit on Violence Against Women (‘UFEM’) has published a list of urgent measures for prosecutors to consider in dealing with cases of violence against women in home isolation. These measures include dispatching police to the home to stop violence and remove the aggressor; and receiving complaints and statements at home or remotely; in addition to applying judicial protection measures.

• In South Africa, the Chief Justice has authorized all Heads of Court and Magistrates in the superior and lower courts to issue Directives to enable access to courts in relation to urgent matters, such as bail applications, maintenance, domestic violence and children-related cases.

• In Bolivia, guidelines on urgent protective measures for women who have experienced violence must be immediately communicated to the presiding prosecutor or judge. In coordination with the local municipality, police must promote distancing from the aggressor or refer survivors to a safehouse and conduct a risk assessment.

• In Brazil, a number of Apps, e.g. ‘SOS Mulher’ in the State of São Paulo, are being developed
in a joint partnership between police and civil society, to report incidents of domestic and family violence during social isolation, as well as incidents of non-compliance with emergency protective measures imposed on the offender, which may result in preventive detention and initiation of criminal proceedings.

- In **Peru**, a mobile care team has been recently established to respond to urgent cases of violence against women and girls in areas where there is no Servicio de Atención Urgente (‘SAU’) or ‘emergency care service’ for psychological, legal and social services assistance.

- In **China**, manuals have been published online on how women can protect themselves from domestic violence during the pandemic, including directing them to online legal aid.

- In **Antigua and Barbuda**, the Directorate of Gender Affairs has partnered with two major telecommunications firms to ensure toll-free access to domestic violence helplines.

- In **Madrid**, **Spain**, an instant messaging service with a geolocation function offers an online chat room that provides immediate psychological support to survivors of violence. The instant messaging platform uses GPS to locate women in dangerous situations who need emergency aid.

- In the **UK**, Cumbria Police has appealed to postal workers, delivery drivers, food delivery companies, and any essential workers who visit homes to look out for signs of abuse and report them to the police department.

- In the **Republic of Ireland**, the Government and front line services have launched a major campaign across TV, radio and social media aimed at reaching out to victims of domestic abuse and reassuring them that services for them are still available (see further: https://www.stillhere.ie/). The Government had previously announced that travel restrictions put in place designed to slow the spread of the virus do not apply to victims of domestic abuse.

**CIVIL SOCIETY**

- In the **UK**, ‘Bright Sky’ is an app that provides support and information on referrals for survivors. It has a journal function to securely document episodes of abuse. The app is also disguised for those who are worried about partners or others checking their phones.

- Safety Net **Australia** has been collaborating with Telstra since 2014 to provide mobile phones, $30 pre-credit and basic tech tips for survivors of violence and provides them with the means to connect with support.

- In **Mexico**, the women’s organization, Equis Justicia para las Mujeres, has raised awareness that prisons are high-risk settings for COVID transmission, and has called on the authorities to improve conditions for women prisoners and has advocated for their release.

- With the support of the **UN Trust Fund to End Violence Against Women**, in Zimbabwe, **Women in Law in South Africa (Zimbabwe)** plans to disseminate its emergency call number in targeted districts so that women can still seek legal advice by phone or SMS in the current crisis. In addition, the project is sending out bulk SMS to increase awareness of other service providers, e.g., health services, police, that are part of the gender-based violence referral pathway.

- In **Serbia**, the UN Trust Fund grantee Fenomena has adapted to the current crisis by hiring a specialized NGO and two independent lawyers and is providing legal consultations for survivors 24/7 through email. It has also initiated a 24/7 SOS telephone.

- In **India**, the International Foundation for Crime Prevention and Victim Care, also a
recipient of a UN Trust Fund grant, remains committed to ensuring its 24-hour helpline and crisis and rehabilitative services for burn survivors are accessible to those who require support.

• **In Ethiopia**, to address the potential impact on education of girls in the shelter, UN Trust Fund grantee *AWSAD (Association of Women’s Sanctuary and Development)* has established study spaces for girls who would normally attend public schools in its main shelter’s onsite classrooms. It has also recently established new safe accommodation in the centre of Addis Ababa to provide shelter to 30 women and girls who are new referrals, and were previously housed together with prisoners in emergency accommodation at a police station.

**UN**

• **In Tanzania**, UN Women is supporting the Government to mainstream violence-against-women-and-children-specific information in standard operating procedures and protocols that will facilitate service providers to conduct violence against women and children screening in reported cases of COVID-19.

• **Across the ASEAN region**, as part of the EU-UN Spotlight Initiative programme on *Safe and Fair Migration*, UN Women is developing a safety plan checklist for dissemination for all women, including women migrant workers, to help them to mitigate the risks of violence and abuse and take appropriate steps to ensure their safety.

• **In Indonesia, Malaysia, Philippines** and **Thailand**, as part of the above-mentioned Spotlight Initiative programme, UN-Women is updating standard operating procedures for referral networks and developing support service directories with updated mappings of available support services for all women, including women migrant workers.

• **In the Pacific region** (Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu) UN Women has supported national governments and civil society to develop a suite of online training packages, resource kits, IEC materials and tip-sheets for frontline workers to support adaptation of multisectoral standard operating procedures and referral pathways, and remote service delivery. Topics include: Community Referral Process; Facebook and Counselling; Self-Care for Helpline Workers; Steps to Obtaining Protection Orders Remotely; and Supporting and Referrals for Women with Disabilities and Members of the LGBTQI Community.

• **In Cameroon, Kenya, and Nigeria, Rwanda, Somalia, South Sudan, and Tanzania**, UN Women has supported the development of IEC materials, and messages on COVID-19 and violence against women are being disseminated on radio and television in different local languages.

• **In Sierra Leone, Sudan, and Tanzania**, **UN Women** has engaged high-level political support for the inclusion of gender concerns in COVID-19 national responses.

• **In Cameroon, CAR, Cote d’Ivoire, Liberia, Mali, Niger, Nigeria and Senegal**, as part of the Spotlight Initiative and other ending violence against women programmes, UN Women is provide protective equipment (masks, hydro alcoholic solution, soap, etc.) to survivors and women living with HIV.

• **In Senegal**, **UN Women** has reallocated funding from its climate-resilient agriculture programme to purchase rice from participating women producers. The is being used to supplement Government COVID19 response to vulnerable families, which includes basic necessities and monthly cash transfers.

In the case of the health component, is based on the WHO guidelines for responding to violence against women.


Survey took place during 24-27 March 2020. See further, https://safelives.org.uk/sites/default/files/resources/SafeLives%20survey%20of%20frontline%20domestic%20abuse%20organisations%20for%20COVID-19%2030.03.20_0.pdf, p. 1


See note 10, p.1


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See further the GBV AoR webinar, Remote GBV Assessments and Transitioning to Remote Service Delivery - GBV AoR


See note 17.


Manual developed by the Yuanzhong Family and Community Development Service Center, Dongcheng District, Beijing https://mp.weixin.qq.com/s/4q5p14zQFHiICMKsXQ7TQ (in Chinese).


Safety Net Australia is a partnership between WESNET and the National Network to End Domestic Violence, working at the intersection of technology and violence against women.

https://phones.wesnet.org.au/