

Gender-Based Violence (GBV) during COVID-19

Shelter in place and social distancing policies to slow the transmission of COVID-19 have led to an increased need for sex-disaggregated data, including gender-based violence (GBV). As policies began to restrict the freedom of movement and business operations, economic and social stressors aggravated pre-existing gender and societal hierarchies, leading to an uptick of GBV.

[The Center for global development highlights nine main \(direct and indirect\) pathways linking pandemics and GBV from existing published and grey literature:](#)

1. economic insecurity and poverty-related stress,
2. quarantines and social isolation,
3. disaster and conflict-related unrest and instability,
4. exposure to exploitative relationships due to changing demographics,
5. reduced health service availability and access to first responders,
6. the inability of women to temporarily escape abusive partners,
7. virus-specific sources of violence,
8. exposure to violence and coercion in response efforts, and
9. violence perpetrated against health care workers

Before the pandemic, 1 in 3 women experienced physical and/or sexual violence ([World Health Organization](#)). Emerging data shows that since the outbreak of COVID-19 violence against women, particularly domestic violence has doubled in countries where data is available. For example, in Singapore, a domestic violence helpline reported a 31% increase in calls, Mexico 31%, and Argentina 25% ([Devex, Seguridad](#)). Adolescent girls are particularly vulnerable during a crisis. Girls may experience multiple forms of gender-based violence that further complicate response policies, including sexual exploitation by familial or community networks, harassment, female genital cutting, early child marriage, etc. [UNICEF's COVID and emergency settings implications on GBV and adolescent girls:](#)

1. **Poor education outcomes:** UNESCO estimates 1.54 billion children and youth are out of school, including 111 million girls living in low-income areas due to COVID.
2. **Risk of early/forced marriage and very early pregnancy:** The pandemic risks not only reversing progress made in increasing girl's equitable access to education but may also lead to increased incidents of pregnancy and early/ forced marriage.
3. **Increase of sexual reproductive health risks:** past epidemics data indicates healthcare resources directed at women and girls were at risk of being diverted towards addressing the pandemic. Creating challenges to access to menstrual, sexual, and reproductive health services.

4. **Unequal access to information:** Restriction of movement during COVID has led to an increase of support services and general information being delivered through phone or virtual platforms.

Sexual and domestic violence organizations have transformed their organization's models to virtual communication in response to COVID-19. Shelter in place policies have challenged the way data is collected. Virtual communication, such as text messaging apps, has created unique challenges that further alienate some victims from access to services and surveys for data collection. For example, lack of access to mobile phones, internet, and illiteracy poses challenges for victims to receive information on health care services, including post-rape care, which disproportionately impacts their ability to access information. Those with access to virtual services experience other vulnerabilities due to unclear levels of privacy on virtual platforms. Using messaging apps introduces questions about security, data protection, and privacy, and creates technical challenges for information management and data analytics.

As GBV programs shift towards a reliance on virtual platforms, concerns remain. UNICEF estimates that there are 443 million “unconnected” adult women in the world. Phone-based services put some survivors at risk because of the lack of privacy to seek formal or informal support services. Additionally, survivors with access to a phone, maybe closely monitored by their abusers at home. While some countries are reporting an increase in hotline calls, others are reporting a decrease in calls because of the lack of privacy, not all hotlines are free, and overall lack of safety.

With shelter in place restrictions in place, survivors of GBV may feel confused and not sure how to seek support services. Members may begin to disclose sexual or domestic violence they are experiencing. The resources below are not an exhaustive list of support services. This is a living document that ODCD and RG will update as shelter information becomes available.

Organizations to support GBV Responses in CDO Countries

Country	Organization and Support Services:	Contact Information
Burkina Faso		
Ethiopia	<p>AWSAD (Association for Women's Sanctuary and Development) runs shelters for women and girl survivors of violence in Addis Ababa, Adama, Hawassa, and Dessie.</p> <ul style="list-style-type: none"> • Their shelter is currently at capacity, but maybe be able to provide referrals 	<p>Phone: +251116672290 Email: awsad950@gmail.com</p>
Guatemala	<p>Covenant House - shelter, serve, protect, and comprehensively care for children in</p>	<p>Phone: 011-502-2250-4964 13 Avenida 0-37 Zona 2 de Mixco</p>

	homelessness who suffer violations of their human rights.	Colonia La Escudrilla Ciudad de Guatemala, Guatemala
Kenya	LVCT Health aims at ensuring equitable access to high-quality HIV Prevention , HIV Testing Services , HIV Care and Treatment , and GBV services to all who need them.	Phone: +254 20 2646692 +254 20 2633212 +254 733 333268 +254 722 203610 +254 724 256026 Email: enquiries@lvcthealth.org Address: Argwings Kodhek Road PO Box 19835-00202 KNH Nairobi, Kenya
Liberia		
Madagascar		
Malawi		
Mexico	La Casa Mandarin provides individual & family therapy, crisis intervention, and family/friend support	Phone: +52 55 52 50 48 59 Email: info@lacasamandarin.org
Paraguay		
Peru	The Flora Tristán Center offers a free legal advisory service at the Lima Police Station, especially for people who are victims of family violence.	Phone: (51-1) 433 1457 fax (51-1) 433 9500 Email: postmast@flora.org.pe Flora Tristán Peruvian Women's Center - Hernán Velarde Park No. 42 Lima 1, Lima-Peru This service is open on Monday, Wednesday, and Friday from 9:00 am to 1:00 pm
Philippines		
Rwanda	Isange One Stop Centre, located inside the Kacyiru Police Hospital	
Senegal	https://femmesjuristes.org/?page_id=434 responds to the listening and protection needs of women and particularly victims of violence.	The toll-free number 800 805 805
South Africa	National Shelter Movement of South Africa Provides information on safety planning, shelters, rape crisis support, domestic violence hotline	Lifeline's Domestic Violence helpline: 0800 150 150 Rape Crisis 24-Hour Support Afrikaans: 021 633 9229 isiXhosa: 021 361 9085 English: 021 447 9762 WhatsApp: 083 222 5164
Sri Lanka	The Women's Development Centre The WDC's initial priority is to provide shelter and security, and then help women and girls gain self-confidence and self-esteem. The Centre also	Phone: 94-081-2234511, 94-081-2228158 Fax: 94-081-2234511 E-mail: wdc@slt.lk

	provides clients with: <ul style="list-style-type: none"> • Counseling • Support for the continuation of education • Developing good habits, healthy relationships, and self-discipline • Awareness raising programs on rights education, health care, nutrition, HIV Aids, women’s diseases • Legal aid • Clinical (medical) facilities • Coordination with judiciary, police, probation and child care, UNICEF and other relevant organizations 	61 Mulgampola Road, Kandy, Sri Lanka
Tanzania	KIWOHEDE project thematically focus is to fight child sexual abuse, violence and exploitations, teen pregnancy, early marriages, and school dropouts among girls across country.	
Uganda	Nyaka provides medical care, including post exposure prophylaxis, legal support, mental health advocacy, and community outreach	Phone: +256 414 669483 email: info@nyakaglobal.org Uganda P.O. Box 12540. Kampala, Uganda, East Africa

How to support survivors when a GBV actor is not available in your area:

Inter-agency Standing Committee and Global Protection Cluster

- [Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response](#)
 - This document is intended to support non-GBV specialist humanitarian actors to identify COVID-19, GBV-specific risks in their sectors, and take actions to mitigate those risks. This document does not claim to be an exhaustive set of guidance, nor should the content be treated as static.
- [How to support survivors of gender-based violence when a GBV actor is not available in your area](#)
 - The Pocket Guide uses global standards on providing basic support and information to survivors of GBV without doing further harm.
 - Pages 7-8 provides techniques to support members, and lead the discussion for members that disclose GBV

- Pages 16-20 provides techniques to support children under 18 years old that have experienced violence.
- Sexual Violence Research Initiative [Self Care](#) Guidance
 - Self-care includes any intentional actions that focus on improving your emotional and/or physical well-being. It is recommended that everyone take time to self-care as research shows there are many mental, physical, relational, and occupational health benefits associated with self-care.
- The [National Shelter Movement of South Africa provides](#) a basic outline for safety planning measures to support survivor's escape plans, code words to notify family/friends they need help, and how to stay safe after a survivor leaves.

Data collection Guidance:

Data is a crucial tool for understanding women's and girl's short and medium-term needs that arise during emergencies. Data helps identify risk factors, service availability for survivors of violence, and how informal and formal services are impacted by COVID-19. Data collection supports designing evidence-based policies and programs that effectively respond to women's needs, reduce risks, and mitigate adverse effects during and after the pandemic.

UN Women published [Guiding Principles for Data Collection during COVID-19 for GBV](#)

- Safety, privacy, and confidentiality of women respondents.
- No harm to the women respondents and the interviewers/research team.
- Properly trained interviewers/research teams that understand the ethical and safety principles.
- Mechanisms and strategies to reduce any possible distress caused by the data collection
- Availability of services and sources of support for women respondent survivors who need them.

UN Women [Recommendations for Data Collection](#)

- Do not proceed with data collection if there are any risks of harm.
- Choose the most appropriate data collection method and source for your context and objectives, always ensuring the safety of women respondents.
- Do not include questions about women respondents' experiences of violence as part of population-based rapid assessments.
- Advocate for the needs of women and girls who are often marginalized.

War Child and Women's Refugee Commission [Guidance on Establishing Remote Monitoring and Management of GBV Programming in the Context of the COVID-19 Pandemic](#) reviews:

- Tools for remote monitoring and management

- Integrating community-based approaches in remote monitoring and management
- Best practices for establishing focal points
- Key principles of remote monitoring management
- Mobile data collection for project monitoring and evaluation
- Data safeguarding for mobile data collection

International Rescue Committee [Guidelines for Mobile and Remote Gender-Based Violence \(GBV\) Service Delivery](#)

- Prioritizing self and collective care is always essential, creating the foundation for positive mental health and resilience in our GBV prevention work.

Resources for sex-disaggregated data:

- Data2x - <https://data2x.org/>
- Global Health 50/50 - <https://globalhealth5050.org/covid19/>
- UN Women - <https://data.unwomen.org/>