

Knowledge to **Action** Briefs

Ask #7: Preventing violence against women, children and adolescents through education and protection programmes

These seven knowledge-to-action briefs support partners to carry forward the PMNCH Call to Action on COVID-19, which aims to increase investment and policy support to mitigate the devastating effects of the COVID-19 pandemic on the health of women, children and adolescents, and the societies and economies that support them. The knowledge-to-action briefs synthesize relevant evidence to the COVID-19 Call to Action, focusing on: 1) key impacts of COVID-19; 2) policies and mitigation strategies; and 3) strategic gaps in knowledge and action, including in humanitarian and fragile settings.



Background

Violence against women, children and adolescents is prevalent worldwide, and causes significant lifelong psychological, physical, social and economic effects. Global estimates suggest that over half of all people aged between 2 and 17 have experienced recent emotional, physical or sexual violence, while 30% of girls aged 15 and over have experienced physical and/or sexual violence by an intimate partner during their lifetime.^{1,2} During emergencies, violence against women, children and adolescents often increases. For example, in Sierra Leone during the 2014–2015 Ebola outbreak, children reported that beatings and the frequency of violence had increased since pre-Ebola times, as children were spending more time around the house and family tensions were exacerbated by socioeconomic pressures.³

Since the outbreak of COVID-19, there have been concerns around the world that the pandemic and measures to contain it would exacerbate violence against women, children and adolescents. Early modelling by the United Nations Population Fund suggested that a 20% increase in violent incidents (resulting from stay-at-home orders and movement restrictions) would lead to an additional 15 million cases of gender-based violence in a 3-month lockdown, 31 million cases in a 6-month lockdown, 45 million for a 9-month lockdown and 61 million cases for a year-long lockdown.⁴

Key Impacts

Increasing domestic violence

Numerous media reports, anecdotal evidence and administrative data suggest that there has been an

escalation of domestic violence. Both media and police reports show increases in hotline calls and domestic violence calls-for-service in countries such as Argentina, Australia, Brazil, Canada, China, Cyprus, France, Singapore, South Africa, Spain, the United Kingdom of Great Britain and Northern Ireland and the United States of America. UN Women states that domestic violence reports in France have increased 30% since lockdown there on 17 March 2020, domestic violence calls in Argentina have increased 25% since 20 March, and helpline calls have increased by 30% in Cyprus and 33% in Singapore.⁵

Increasing online and information & communication technology facilitated violence

There are also increasing reports of violence against children, as well as online and information & communication technology facilitated violence against women, children and adolescents. With more than half of the world's population under lockdown orders since early April 2020, people are using the internet for work, school, entertainment and social activities, with internet usage estimated to have increased between 50% and 70% in some parts of the world. In this context, users with limited digital skills – often women and girls due to the digital gender divide – are at risk of cyberviolence.⁶ Europol reports increasing activity around the distribution of child sexual exploitation material online.⁷ In late April, the Commission on Human Rights in the Philippines reported an increase of online sexual harassment of women and girls on social media platforms, often involving ex-partners.⁸

Equity

Indigenous and ethnic minorities, sex workers, older women, women and children with disabilities, female health workers and migrant or domestic workers may experience multiple and intersecting types of discrimination. The risk of violence against them is compounded by the COVID-19 pandemic and their health outcomes may be worse if their ability to access services is limited. Displaced women, children and adolescents, refugees, and those living in conflict-affected regions are particularly vulnerable to violence. At least one in five refugee or displaced women in humanitarian settings has experienced sexual violence.⁹ With access to services made more challenging by COVID-19 in many contexts, humanitarian agencies note that in some places

reports of violence have decreased because of service disruption (not because violence is decreasing).

Reduced access to services

These increases in violence are occurring in the context of disrupted access to response services, such as hotlines, crisis centres, shelters, legal aid and protection services, and to sexual and reproductive health services, which often include screening components for violence. For example, a survey of front-line services by the British charity SafeLives in late March 2020 found that 76% of respondents reported having to reduce service delivery as a result of COVID-19.¹⁰

Actionable interventions and solutions to mitigate impact

Ensuring violence against women, children and adolescents is addressed in the epidemic response

Past experience of health emergencies shows that response and recovery plans for COVID-19 should include equitable and safe services for survivors of violence, and ensure support for civil society and women's rights organizations. This includes: 1) bolstering violence-related first-response systems; 2) ensuring appropriate services are integrated into the health system response; 3) expanding and reinforcing social safety nets; 4) expanding shelter and temporary housing for survivors; 5) encouraging informal (and virtual) social support networks; 6) providing clear communication and support during quarantine periods; 7) integrating violence against women and children programming into longer-term pandemic preparedness; and 8) implementing and investing in flexible funding mechanisms.¹¹ Efforts are underway in many countries to make tackling gender inequality and violence against women, children and adolescents part of national responses: for example, UN Women is engaging high-level support for these issues in Sierra Leone, Sudan and the United Republic of Tanzania.

Providing adequate funding

Countries have begun to allocate funding to address violence against women, children and adolescents during COVID-19. For example, the Canadian government has committed US\$ 50 million to support shelters and sexual assault centres.

In Tunisia, UN agencies and civil society organizations are redirecting funding to emergency aid for survivors of violence.¹²

Making support accessible

Countries have also begun to implement a range of policies and programmes for education and protection, including advocacy for services deemed essential. In Fiji and Tonga, service providers shifted to tele-counselling. Coded messages have been created in some countries (France, Italy, Spain and the United States of America) for use by women at pharmacies to report domestic violence discreetly. Colombia's government has decreed that virtual access must be provided to legal, psychosocial, police and justice services. In China, online manuals provide information for women about how to protect themselves from domestic violence during the pandemic and guiding them to online legal aid. In Ethiopia, a civil society organization has established study spaces for girls in its main shelter and safe accommodation in Addis Ababa for women and girls.¹²

Adopting a survivor-centred approach

The UN advocates that all responses should adopt the basic principles of a survivor-centred approach, which includes considering survivors' multiple needs, assessing risks and vulnerabilities, keeping survivors safe and secure, adhering to principles of confidentiality and privacy and doing no harm.¹²

Priority Knowledge Gaps

Disaggregated data and information on violence against women, children and adolescents and equity considerations, scarce even during non-pandemic times, are rarely available in relation to COVID-19. While it is clear that violence has escalated during this pandemic, it is less clear to whom it is happening, what the risk factors are, how services are affected and what new services are needed. Appropriate mitigation strategies (how communications are tailored, and how different communities are reached) will vary

across different populations, so it is essential to map differences between populations by reference to factors such as wealth, residence and ethnicity, and better capture the experiences of marginalized groups. Data collection efforts should rely on existing data whenever possible and adhere to ethical and safety principles.¹³



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