

Lessons Never Learned: Crisis and gender-based violence

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Abstract

The COVID-19 pandemic exposes underlying inequalities in our socio-economic and health systems, such as gender-based violence (GBV). In emergencies, particularly ones that involve quarantine, GBV often increases. Policymakers must utilize community expertise, technology and existing global guidelines to disrupt these trends in the early stages of the COVID-19 epidemic. Gender norms and roles relegating women to the realm of care work puts them on the frontlines in an epidemic, while often excluding them from developing the response. It is critical to value women's roles in society and include their voices in the decision-making process to avoid unintended consequences and ensure a comprehensive response that caters to the needs of the most vulnerable groups.

KEYWORDS

COVID-19, crisis, gender, gender-based violence, services

1 | INTRODUCTION

Public health measures in a pandemic such as quarantines, school closures and channeling resources towards emergency service provision, expose structural realities of women and girls' lives globally, as well as point to inequities and weaknesses in our gendered socio-economic and health systems. While these policies may be essential and critical, there is need to address the context of women and girls' lives lest we cause more harm than anticipated. The spike in violence against women and children during humanitarian and public health emergencies is a manifestation of these inequalities and vulnerabilities.¹ This paper will discuss the COVID-19 pandemic and GBV in the context of lessons learned from prior emergencies to avoid ongoing missteps and urge the inclusion of women in all COVID-19 decision-making processes.

Data from over 80 countries suggest that 1 in 3 women who have been in a relationship have experienced physical and/or sexual violence by an intimate partner at some point in their lives.² Moreover,

women endure multiple and compounding forms of violence in emergency settings. In these contexts, at least 1 in 5 displaced women have experienced sexual violence.³ In South Sudan, decades of war has meant that over 50 to 65 percent women have experienced intimate partner violence in their lifetime, while 1 in 3 women have experienced non-partner sexual assault.⁴ Women's and girls' vulnerability in crises are further exacerbated by the lack of access to their regular social networks and sources of social support, as well as health and other support services. Their exposure to violence increases as perpetrators might lash-out due to the economic strain caused by a pandemic, while their chances of leaving or resisting abusive relationships diminish. As service machinery operate in crisis mode to contain a pandemic, other critical services, particularly those needed by women and girls, often become unavailable or are de-prioritized and deemed non-essential. Moreover, fear of infection, restriction of movement and public unrest, as well as violence

¹Gasseer, N. A., Dresden, E., Keeney, G. B., Warren, N. (2004). Status of women and infants in complex humanitarian emergencies. *The Journal of Midwifery & Women's Health*, 49(51), 7-13.

²García-Moreno, C., Pallitto, C., Devries, K., Stöckl, H., Watts, C., Abrahams, N. (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. World Health Organization.

³Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., Singh, S. (2014). The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis. *PLoS currents*, 6.

⁴What Works to Prevent Violence, Violence Against Women and Girls in Conflict and Humanitarian Crises. (2017). *No Safe Place: A Lifetime of Violence for Conflict-Affected Women and Girls in South Sudan*. Retrieved March 23, 2020, from https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/ff/downloads/No%20Safe%20Place_Summary_Report.pdf

and mistreatment may prevent women from seeking health services during an epidemic.

In recent times, the Ebola epidemic in West Africa highlighted how gender dynamics cannot be set-aside in the frenzy of an epidemic, to be dealt with later. Beyond paying attention to the gendered patterns of disease transmission and susceptibility, policymakers and researchers must be attentive to how societies are organized as we shape policy and programmatic response. As school closures and quarantines were enforced during the 2014-2016 Ebola outbreak in West Africa, women and girls experienced more sexual violence, coercion and exploitation.⁵ Reports of violence were de-prioritized, uncounted and unrecognized.⁶ Furthermore, young women and adolescent girls were unable to attend community meetings and receive instruction on how to protect themselves from the disease.⁷ However, while women and girls were facing increased abuse and violence, failure to prioritize GBV funding alongside a failing health system and lack of coordination, the availability of services for survivors were severely affected in these countries. For example, in Sierra Leone, GBV services in the public health system were severely disrupted as resources and personnel were redirected. However, a handful of GBV service centers managed by INGOs remained open and saw a 19% increase in women and girls accessing their health, counselling and case management services compared to the months before the crisis.⁸ In Liberia, many GBV survivors were denied access to basic public health services out of fear that health workers would get infected. Police and justice systems were overwhelmed, which could have led to further increase in GBV as an 'atmosphere of impunity' was created.⁹ In Liberia over 27% of people saw the police and justice systems as failing to handle GBV cases properly. Moreover, lack of access to basic sexual and reproductive health services (SRH) led to a 75 percent increase in maternal mortality in Guinea, Liberia and Sierra Leone, as unintended pregnancy increased among young women in West Africa.¹⁰

2 | COVID-19 RESPONSE

The COVID-19 pandemic is no different with early reports suggesting an increase in domestic violence and disruption of essential GBV and SRH services for women and girls when they need them most. Early evidence from China suggests that domestic violence has dramatically increased: a police station in China's Hubei

Province recorded a tripling of domestic violence reports in February 2020 during the COVID-19 quarantine.¹¹ Groups working on domestic violence have reported that measures such as quarantines and social distancing have increased women's exposure to violence as confinement in physical spaces along with economic and health shocks have increased household stress levels. However, support services are heavily strained due to the outbreak, particularly the healthcare and police services. Reports suggest that police have been reluctant to intervene and detain perpetrators due to COVID-19 outbreaks in prisons.¹² In some locations, authorities have reportedly converted women's shelters into homeless shelters.¹³ UN Women has expressed concern that vital GBV health services may be diverted to deal with the outbreak.¹⁴ Similarly, GBV prevention groups in South Africa are seeing increases in new cases as restrictions are being imposed to tackle the COVID-19 emergency but women have no recourse.¹⁵ Shelters are making hard decisions and refusing new clients unless they have proof of testing negative to avoid spreading the virus to the existing clients. In Oregon, US, domestic violence hotlines are seeing increasing use of their services as COVID-19 is spreading in the state. Callers are worried that they will not be able to obtain or extend restraining orders against their perpetrators with reduced court access and police services.¹⁶

Underpinning these inequities are the ways we view and value women and men's roles and labor in society. Gender norms and roles relegate women to the realm of care work - which includes household labor, care of children and sick people - that are needed for the sustenance of families, communities and health systems but are invisible, non-monetized or under-paid.¹⁷ The duties of care are highly feminized across multiple levels, be it formal or informal care, public or private sector.¹⁸ This feminized care economy ends up being a "shock absorber" in periods of crisis, further subsidizing care services as states and families can no longer pay for them, while increasing the duties, exposure and susceptibility of women to

⁵Onyango, M. A., Resnick, K., Davis, A., Shah, R. R. (2019). Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak. In *Pregnant in the Time of Ebola* (pp. 121-132). Springer, Cham.

⁶Ibid.

⁷Ibid.

⁸International Rescue Committee (IRC). (2015). Are We There Yet? Progress and challenges in ensuring lifesaving services and reducing risks to violence for women and girls in emergencies. Retrieved March 23, 2020 from <http://gbvresponders.org/wp-content/uploads/2016/03/Are-We-There-Yet-Report.pdf>

⁹UNICEF GBViE Helpdesk. (2018). Emergency Responses to Public Health Outbreaks. Retrieved March 23, 2020, from <https://gbvaor.net/thematic-areas>

¹⁰Onyango, et al., op. cit. note 5, pp. 121-132.

¹¹Wanqing, Z. (2020). 'Domestic violence cases surge during COVID-19 epidemic', *Sixth Tone*, March 2 2020, Retrieved March 20, 2020, from <http://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>

¹²Ibid.

¹³Fraser. (2020). Impact of COVID-19 Pandemic on Violence against Women and Girls, Retrieved March 20, 2020, from <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/vawg-helpdesk-284-covid-19-and-vawg.pdf>

¹⁴Owen, L. (2020, 8 March). Coronavirus: Five ways virus upheaval is hitting women in Asia. BBC World Service. Retrieved from <https://www.bbc.co.uk/news/world-asia-51705199>

¹⁵Phalaetsile, G. (2020, 23 March) COVID-19: A Challenge for the fight against GBV. Jacaranda FM. Retrieved March 20, 2020, from <https://www.jacarandafm.com/news/news/covid-19-challenge-fight-against-gbv/>

¹⁶Crombie, N. (2020, 20 March). Calls to Oregon's domestic violence crisis lines spike amid coronavirus crisis. The Oregonian. Retrieved March 20, 2020, from <https://www.oregonlive.com/crime/2020/03/calls-to-oregons-domestic-violence-crisis-lines-spike-amid-coronavirus-crisis.html>

¹⁷Elson, D. (2017, May). Recognize, reduce, and redistribute unpaid care work: how to close the gender gap. In *New Labor Forum* (Vol. 26, No. 2, pp. 52-61). Sage CA: Los Angeles, CA: SAGE Publications.

¹⁸Harman, S. (2016). Ebola, gender and conspicuously invisible women in global health governance. *Third World Quarterly*, 37(3), 524-541.

diseases.¹⁹ Globally women perform three-quarters of unpaid care work, including household disease prevention and care for sick relatives, and there is not a country in the world where men provide an equal share of unpaid care work.²⁰ 90% of frontline healthcare workers in China's Hubei province as in many other parts of the world are women.²¹ There is also evidence of frontline healthcare workers, especially women being harassed and mistreated in China²² and Singapore,²³ whereas the Italian national healthcare workers union raised concerns about the additional stress COVID-19 is placing on healthcare workers.²⁴ However, while women clearly are in the frontlines and performing several core roles, absorbing the stress and violence, they remain "conspicuously" invisible to policy makers, and their voices and needs are not included in a comprehensive response.²⁵

The COVID-19 pandemic is still in its early stages in several countries and it is not too late to include the voices of women in tackling the epidemic as well as ensuring services critical to women continue to be available. UN agencies such as UN Women and UNFPA have developed guidelines that governments can use to incorporate gender considerations into their response.^{26,27} Others are paving the way and showing how technology can be leveraged to ensure women continue to receive essential services when they need them most. In USA, the National Domestic Violence Hotline is offering services via online chat or texting, to make it easier for victims to seek out help while at home with their abusers.²⁸ In Ecuador, a local organization dedicated to achieving gender equality and preventing GBV – CEPAM-Guayaquil – quickly adapted its business to the COVID-19 outbreak and started offering counseling services over the phone.²⁹ In Italy, the national network of domestic violence shelters have kept their emergency telephone and Skype support

services open: approximately 60 out of 80 local domestic violence organizations have emergency cell phones and are answering calls.³⁰ A judicial court in Beijing is using online court hearing and cloud-based platforms to handle GBV cases during the epidemic.³¹ Similarly, telemedicine should be considered an alternative and secure way to provide women and girls access to contraceptives and abortion medication.

In addition, women's organization and other agencies are providing guidance on how to generate awareness and provide services in emergency context. Women's groups are publishing manuals and organizing livestream workshops that provide guidance on how to protect oneself during a crisis, including how to access legal aid.³² They are organizing campaigns in social media to raise awareness as well as setting up support networks to help survivors. A network called 'Vaccines Against Domestic Violence' has over 2000 volunteers, who provide counseling and support families to resolve conflicts peacefully.³³ Similarly, international agencies that have experience working in humanitarian contexts such as the International Rescue Committee have guidelines on how to respond rapidly and set up mobile and/or remote GBV services.³⁴ Other strategies such as incorporating GBV training as part of cash transfers are showing promise.³⁵

3 | CONCLUSION

We have another opportunity to do this right. The examples above clearly show that service provision as well as GBV prevention work is possible, and crises cannot be used as an excuse to disrupt/divert essential services and increase the vulnerabilities of those already hard hit by the situation. The UN Office for Disaster Risk Reduction explicitly recognized the need to better integrate gender perspectives into emergency preparedness.³⁶ In the WHO 2019 *Health Emergency and Disaster Risk Management Framework*,³⁷ GBV and SRH services should be provided as part of the package of essential

¹⁹Razavi, S., Staab, S. (Eds.). (2012). *Global variations in the political and social economy of care: Worlds apart* (Vol. 8). Routledge.

²⁰International Labor Organization. (2018). *Care work and care jobs for the future of decent work*. Retrieved March 20, 2020, from https://www.ilo.org/global/publications/books/WCMS_633135/lang-en/index.htm

²¹Wenham, C., Smith, J., & Morgan, R. (2020). COVID-19: the gendered impacts of the outbreak. *The Lancet*, 395(10227), pp. 846-848.

²²Jiao M, Ning N, Li Y, et al. (2015) 'Workplace violence against nurses in Chinese hospitals: a cross-sectional survey'. *BMJ Open*; 5: e006719.

²³Fernandez, P. (2020, 14 February). COVID-19 outbreak: Take stern action against those who harass healthcare workers in public spaces. *Today Online*. Retrieved March 20, 2020, from <https://www.todayonline.com/voices/take-stern-action-against-those-who-harass-healthcare-workers-public-spaces-during-covid-19>

²⁴Ibid.

²⁵Harman, op. cit. note 16. pp. 524-541.

²⁶UNFPA. As pandemic rages, women and girls face intensified risks. (2020). Retrieved March 20, 2020, from <https://www.unfpa.org/news/pandemic-rages-women-and-girls-face-intensified-risks>

²⁷UN Women. Checklist for COVID-19 response by UN Women Deputy Executive Director Ása Regnér (2020). Retrieved March 20, 2020, from <https://www.unwom-en.org/en/news/stories/2020/3/news-checklist-for-covid-19-response-by-ded-regner>

²⁸Godin, M. (2020, March 18). As Cities Around the World Go on Lockdown, Victims of Domestic Violence Look for a Way Out. *Time Magazine*. Retrieved March 20, 2020, from <https://time.com/5803887/coronavirus-domestic-violence-victims/>

²⁹Presente y futuro de la protección social en América Latina y el Caribe. Lima: OIT / Oficina Regional para América Latina y el Caribe, 2018. (Panorama Laboral Temático, 4), pp. 129 Retrieved March 20, 2020, from https://www.ilo.org/wcmsp5/groups/public/-/americas/-/ro-lima/documents/publication/wcms_633654.pdf

³⁰Ramundo, L (2020) 'Coronavirus. Violenza donne, Veltri (D.i.Re): "Chiamateci, noi ci siamo", DiRe, March 12 2020, Retrieved March 20, 2020, from <https://www.dire.it/12-03-2020/432907-coronavirus-violenza-donne-veltri-d-i-re-chiamateci-noi-ci-siamo/>

³¹Fraser, op. cit. note 11.

³²Wanqing, op. cit. note 9.

³³Fraser, op. cit. note 11.

³⁴International Rescue Committee (IRC). (2018). *Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery*. Retrieved March 23, 2020, from https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines_final.pdf

³⁵Radice, H.W. (2017). *Cash Transfers for Food Security in Epidemics: A Review of the USAID Food for Peace Response to the Ebola Crisis in Liberia and Sierra Leone*. Retrieved March 23, 2020, from <https://www.alnap.org/help-library/cash-transfers-for-food-security-in-epidemics-a-review-of-the-usaid-food-for-peace>

³⁶United Nations International Strategy for Disaster Reduction. (2012). *Towards a post-2015 framework for disaster risk reduction*, Geneva. Retrieved March 23, 2020, from http://www.unisdr.org/files/25129_towardsapost2015frameworkfordisaste.pdf

³⁷World Health Organization. (2019). *Health Emergency and Disaster Risk Management Framework*. Retrieved March 23, 2020, from <https://www.who.int/hac/techguidance/preparedness/health-emergency-and-disaster-risk-management-framework-eng.pdf?ua=1>

services provided during any emergency. These services should be prioritized at the earliest stage of the crisis to minimize risk to women and girls, as well as new technologies used to prevent violence from taking place in the first place. Moreover, it is critical to include women in decision-making processes, so their needs and barriers are understood and incorporated into a comprehensive response that works for everyone. Data collected during the crisis should be disaggregated by sex and age. Recognizing, valuing, supporting women's roles and giving them a voice in global health governance can go a long way in avoiding unintended consequences, building resilient healthcare systems, and reducing intersectional inequalities and vulnerabilities across gender, race, class and geography.

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