

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.¹ 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,² 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.











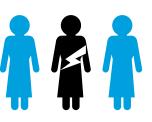




TRENDS AND ISSUES

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 lives³ and almost six out of every ten women intentionally killed worldwide murdered by an intimate partner or other family member.⁴ 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 sort⁵ 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.

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.



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.⁶ 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.⁷

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.⁸ In Tunisia, for example, calls to a helpline in the first days of confinement increased fivefold.9 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.

HOW WILL THE COVID-19 CRISIS AFFECT SERVICE DELIVERY?



MANY FRONTLINE SERVICES HAVE TO REDUCE THEIR SERVICE DUE TO COVID-19

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-19.¹⁰ 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.¹¹

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.¹² 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.¹³

HOW SHOULD ESSENTIAL SERVICES Adapt during the covid 19 crisis?

67% OF FRONTLINE SERVICE PROVIDERS IN THE UK HAVE CITED IT CHALLENGES 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.¹⁴ 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.¹⁵



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**.¹⁶ 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.¹⁷
- 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.

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- Conduct rapid assessments and scoping studies to inform planning, programming and implementation of responses,¹⁸ 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.



HEALTH SECTOR (see the health sector-specific guidance accompanying this brief) ¹⁸

POLICE AND JUSTICE SECTOR¹⁹

GOVERNMENT

 Ensure that increased incidents of violence against women and girls is given high priority by police and judicial institutions in the context of COVID-19.

- 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.

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- 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.

SOCIAL SERVICES SECTOR

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.

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.

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- 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.

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