

Evidence Digest

Issue 23 April 2020

Latest evidence

This issue focuses on COVID-19 and violence against women and girls (VAWG). Here is a selection of the emerging evidence on:

PANDEMICS, COVID-19 & VAWG

Pandemics and Violence against Women and Children (April 2020)

This paper on behalf of the Gender and COVID-19 Working Group explores the evidence on linkages between pandemics and outbreaks of violence against women and children (VAW/C). It identifies pathways that give rise to VAW/C, including social isolation; reduced service provision; economic insecurity; and limited possibilities to escape an abusive partner.

Demographic changes (e.g. children being orphaned) and exposure to abusive relationships are other pathways. For instance, school closures risk escalating rates of child marriage. Sexual exploitation and abuse have also been observed in crisis response, against beneficiaries and responders. Another pathway to VAW/C is unrest caused when pandemics coincide with disasters or conflict. Lastly, virus-specific types of VAW/C can emerge, e.g. withholding of safety items and information.

The paper presents eight policy and programme responses to mitigate and respond to VAW/C during pandemics. To start with, VAW/C first responders need funding and

support to handle the rises in VAW/C. Secondly, VAW/C response must be integrated in health systems, and female staff protected from violence. Thirdly, social safety nets should be expanded and reinforced to reach women and children at risk. Other considerations include making sure that safe housing and mental health services for survivors continue being available, and that VAW/C is integrated into long term preparedness plans.

Lessons Never Learned: Crisis and Gender-Based Violence

(March 2020)

This journal article discusses lessons learned from previous health crises, focusing on the Ebola epidemic. It presents emerging evidence of how VAWG response services are being disrupted during lockdowns. In China, there have been reports of shelters for VAWG survivors being converted into homeless shelters, and police refusing

to detain VAWG perpetrators due to fear of disease outbreaks in prisons.

The paper stresses the importance of recognising how women's care work serve as a 'shock absorber' in times of crisis, as women's and girls' already disproportionate unpaid and paid care work increase. Women's care roles risk exposing them to the disease, as well as to workplace violence in the health sector.

Impact of COVID-19 Pandemic on Violence against Women and Girls

(March 2020)

This rapid review by the VAWG Helpdesk summarises the evidence on the impact of COVID-19 on VAWG and lessons from other epidemics. The review identifies emerging evidence that the COVID-19 crisis increases the risk of: 1) domestic violence, 2) workplace violence in the

Image: Women's unpaid care and domestic work. Source: UN (2020) *Policy Brief: The Impact of COVID-19 on Women*, p. 13



Women on average spend
4.1 hours/day
 on unpaid care and domestic work, compared to
1.7 hours/day
 for men



Women's unpaid contributions to healthcare equate to
2.35%
 of global GDP, or the equivalent of
US\$ 1.5 trillion



When women's contribution to all types of care (not just healthcare) is considered, this figure rises to
US\$ 11 trillion

Latest evidence

health sector, 3) racial and sexual harassment against women of East Asian appearance, 4) abuse and exploitation of vulnerable women workers (e.g. sex workers and domestic workers), 5) VAWG in emergency settings, and 6) sexual exploitation and violence by state officials and armed guards. Evidence from past epidemics highlights the need for a 'twin track' approach to address VAWG during epidemics; supporting organisations that work with survivors and integrating VAWG into sectoral response plans such as health, education and social protection.

[Impact of the COVID-19 Pandemic on Family Planning and Ending GBV, FGM and Child Marriage](#) (April 2020)

This UNFPA brief estimates how COVID-19 may affect rates of GBV, female genital mutilation (FGM) and child marriage. It builds on modelled scenarios that account for delays in scale-up of prevention efforts, estimated increases in these forms of violence during lockdown, and assumptions of service disruption and economic impacts of the pandemic in low-income countries.

The report estimates that domestic violence increases by 20% during periods of lockdown. This translates to 15 million cases of domestic violence in 2020, if lockdown measures last for an average of 3 months. It projects that 2 million cases of FGM that could have been prevented will occur between 2020 to 2030, and that 7.4 million child marriages will not be prevented in the same period because of delayed interventions. In addition, the economic impact of the crisis is anticipated to increase the number of child marriages by 5.6 million, as poverty is one of its key drivers.

Image: Hands holding a phone.
Source: Shutterstock

VIOLENCE AGAINST WOMEN WITH DISABILITIES

[The Impacts of COVID-19 on People with Disabilities: A Rapid Review](#) (April 2020)

This rapid evidence review by DFID's Disability Inclusion Helpdesk finds that literature on impacts of pandemics on women and girls with disabilities is scarce, however, there is some emerging evidence that point towards rises in violence and abuse against people with disabilities, including rises in IPV. For example, women with disabilities in India have reported an increase in IPV and violence by carers because of COVID-19 related household stresses.

Coupled with evidence that show that women and girls with disabilities are generally at higher risk of IPV, this emerging evidence suggest that women and girls with disabilities are at high risk of violence during the COVID-19 pandemic.

COVID-19 & FRAGILE CONTEXTS

[Global Rapid Gender Analysis for COVID-19](#) (April 2020)

This rapid assessment by CARE and International Rescue Committee summarises the key gendered dimensions of COVID-19, including its impact on VAWG. It is based on a review of secondary data and is intended to inform COVID-19 responses in fragile contexts.

The assessment highlights that lockdown, quarantine and self-

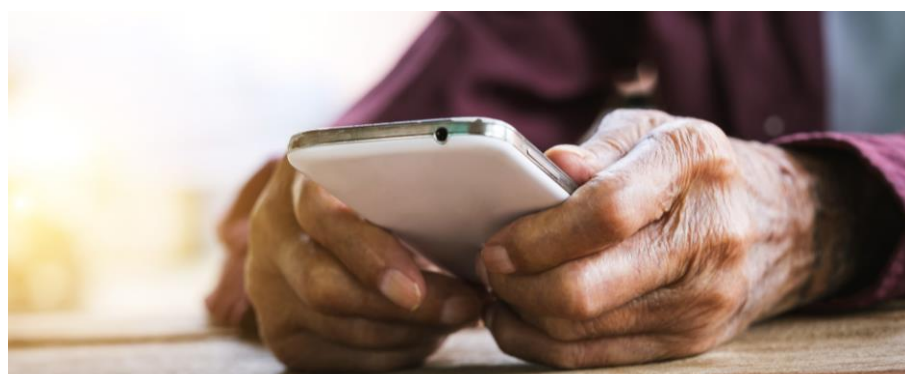
isolation are enabling environments for VAWG, and that service provision is at the same time at high risk of disruption.

The report recommends that humanitarian actors 1) plan for an increase in VAWG cases by strengthening local survivor-centred services and referral systems, 2) explore the potential of technology in VAWG service provision (considering technology divides) and 3) engage women's rights organisations in the response.

VAW IN THE HEALTH SECTOR

[Securing the Safety and Wellbeing of Women Frontline Healthcare Workers in the COVID-19 Response](#) (April 2020)

This report by the GBV AoR Helpdesk discusses the risks for women healthcare workers in the COVID-19 response. It finds that women healthcare workers face a range of gendered risks, including the risk of violence. The report highlights that stress and fear among patients and their families alongside strained health care systems and lack of support, risk increasing violence against women healthcare workers. Lockdown restrictions can also increase the risk that women are subject to violence on the way to/from work, as normal travel routes and protective factors may be disrupted. In addition, women healthcare workers face the same risks of violence at home as other women during the pandemic.



Policy and news

The UN has launched a [Policy Brief on the Impact of COVID-19 on Women and Girls](#). It outlines recommendations to address the gendered impact of the COVID-19 crisis in four areas: economy, health, unpaid care work and VAWG.

This UN [Policy Brief on the Impact of COVID-19 on Children](#) focuses on four areas of impact of the crisis on children: poverty, learning, survival and health, and safety. It presents a series of priority measures to mitigate negative impact on children, including the continuation of child-centred services such as schooling and nutrition programmes, and ensuring protection of vulnerable children.

UN Women has published a [Brief on COVID-19 and Ending Violence against Women and Girls](#). This living document gives an overview of current VAWG trends and risk factors, with snapshots of responses from government and civil society organisations (CSOs). It offers recommendations to governments, the UN and CSOs, covering policy, research, service provision and advocacy priorities.

This publication by WHO summarises [what the health sector can do to prevent and address violence against women](#) during the COVID-19 pandemic, including violence faced by women healthcare workers at the frontlines of the response.

The Inter Agency Standing Committee has developed guidance resources with focus on COVID-19 and gender. [The Gender Alert for COVID-19 Outbreak](#) sheds light on the gendered impact of the pandemic and sets out minimum standards for integrating gender into COVID-19 preparedness and response, ensuring that women, girls' and LGBTIQ peoples' needs are prioritised at all stages, with specific action points for protection actors. This Interim Technical Note provides [guidance on integration of Protection from Sexual Exploitation and Abuse](#) in the COVID-19 response.

The GBV Area of Responsibility (AoR) Helpdesk has produced three reports related to COVID-19, focusing on [GBV Case Management, Securing the Safety and Wellbeing of Women Frontline Healthcare Workers](#), and [Disability Considerations in GBV Programming during COVID-19](#).

[Not just Hotlines and Mobile Phones: GBV Service Provision during COVID-19](#) is a Brief by UNICEF that sets out alternative ways for providing GBV services during lockdown that do not assume that survivors have access to, and can safely use, mobile phones. It presents emerging non-phone and low/ no-tech solutions to some of the challenges that lockdown restrictions present to GBV responders.

This brief by Girls not Brides presents an [Agenda for Action for responding to the needs of adolescent girls](#) during the COVID-19 pandemic, in particular the rising threat of child marriage during and after the crisis.

Governments across the world are taking steps to prevent and respond to VAWG during the COVID-19 crisis. [The Government of Canada](#) has dedicated \$50 million to support shelters for VAWG survivors. Several countries, including [France](#), are exploring alternative housing for VAWG survivors as shelters are exceeding their capacity. Further information is available in this [UNICEF blog on five ways that governments are responding to violence against women and children during COVID-19](#).

VAWG Helpdesk Round-up

The query service has produced short reports and expert advice to DFID and HMG staff on the following topics over the last quarter:

- Impact of COVID-19 on VAWG
- Conflict-related sexual violence (CRSV) in Yemen
- Impact of lack of access for SRH services for survivors of CRSV
- Country factsheets on adolescent girls and GBV
- Informal security and justice providers and GBV

Want to know more about how we can help you with research or advice?

Send us an email or give us a call and we can discuss your request further.

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DFID-Funded Research

What Works to Prevent VAWG?

To mark the end of the *What Works to prevent Violence against Women and Girls*, the programme partners held a series of high-level events in London in March 2020. Over 100 researchers, practitioners and policy makers gathered for a presentation and expert discussion of final results and lessons learned. [A recording of the event is available here.](#)

DFID's global research programme has produced the following **evidence briefs and academic articles**:

[A rigorous global evidence review of interventions to prevent violence against women and girls](#)

This flagship report from the *What Works* programme provides an in-depth review of the global evidence on VAWG prevention, summarising six years of contribution to this evidence base by *What Works*.

The review assesses the effectiveness of different intervention types based on RCTs and quasi-experimental studies. Nine types of interventions were found to be effective: economic transfer programmes; economic and social empowerment programmes; couples' interventions; parenting programmes; interventions with female sex workers; programmes that work with couples or individuals to reduce alcohol and substance abuse; community-based programmes to shift social norms; school-based interventions to reduce dating or sexual violence; and school-based interventions for peer violence.

[Effective design and implementation elements in interventions to prevent violence against women and girls](#)

This report explores design and implementation elements of different

types of *What Works* interventions. Intervention settings, participants, staff, and trainings for staff are compared across interventions in each category.

The report identifies ten key factors for effective VAWG prevention. These include addressing multiple drivers of VAWG; working with women, men, and whole families and communities; using participatory approaches; robust theory of change based in gender and social empowerment theories; age-appropriate design when working with children; careful selection and training of personnel; using clear manuals; and adapt interventions to local contexts.

[New learnings on drivers of men's perpetration, and women's experiences, of physical and/or sexual intimate partner violence and the implications for prevention interventions](#)

This evidence brief reflects on the contributions of *What Works* to the evidence base on the drivers of men's perpetration of IPV. It emphasises the importance of addressing structural drivers, including gender inequalities, patriarchal structures, normalisation of violence, poverty, and armed conflict.

The report calls for further research on the intersections of VAWG and VAC, and focusing on vulnerable groups such as adolescent girls, women and girls with disabilities, and people with diverse sexual and gender identities.

[How people with disabilities experience programs to prevent intimate partner violence across four countries](#)

This qualitative study explores the perspectives of female and male participants with disabilities in four *What Works* programmes that aimed

to prevent IPV among male-female couples in Ghana, Rwanda, Tajikistan and South Africa. Despite facing various barriers, such as stigma, discrimination and accessibility barriers, the study found that participants with disabilities experienced a range of positive outcomes from the programmes. Women and men reported improved self-esteem, confidence and access to social support. Active participation in programmes also challenged disability-related social exclusion.

Important lessons learned include the need for proactive outreach to engage people with disabilities, and training programme staff on disability inclusion.

[Economic & social costs of VAWG](#)

Drawing on qualitative and quantitative data, this evidence brief looks at the economic and social impact on VAWG in Ghana, South Sudan and Pakistan, from the individual to macroeconomic costs.

Key findings include that VAWG leads to work absenteeism and presentism among women who experience violence, with knock-on effects on the overall economy. The study also highlights the far reaching social and economic consequences of intergenerational effects of VAWG, and the negative impact of VAWG on women's agency.

[Stepping Stones and Creating Futures Intervention to Prevent Intimate Partner Violence Among Young People: Cluster Randomized Controlled Trial](#)

The *Stepping Stones and Creating Futures* intervention aimed to reduce VAWG among young men and women through shifting gender norms and



supporting livelihoods in urban informal settlements in South Africa. The intervention was effective in strengthening women's livelihoods and reducing men's self-reported IPV perpetration. However, women's experiences of IPV and experiences of men's controlling behaviour did not reduce.

The impacts of combined social and economic empowerment training on intimate partner violence, depression, gender norms and livelihoods among women: an individually randomised controlled trial and qualitative study in Afghanistan

This Women for Women International programme aimed to improve women's economic stability and health, and enhance social networks and participation in family and community decision-making.

An RCT of the intervention found the programme significantly improved livelihoods for women, created more gender-equitable relationships and increased women's mobility and participation in decision-making. However, the intervention did not

lead to reduced levels of IPV and depression among women.

Evaluation of Zindagii Shoista (Living with Dignity), an intervention to prevent violence against women in Tajikistan: impact after 30 months

This report presents the medium-term impact of *Zindagii Shoista*, a programme that aimed to prevent VAWG through social norms change and economic empowerment, using a family-centred approach.

At the end of the intervention, VAWG levels had dropped by 50%. Another 15 months later, this evaluation found that positive changes were broadly sustained. VAWG levels had further reduced, depression among women had continued to decrease, and women reported more equitable gender relations and attitudes.

Impact of the Change Starts at Home Trial on women's experience of intimate partner violence in Nepal

This study explores the impact of a combined radio and community engagement intervention to prevent VAWG versus the radio intervention

alone. The results suggest that the different interventions followed similar patterns, with reduced reports of IPV at midline, but slight increases in IPV reports at endline. The authors suggest that this may reflect an increased willingness to report IPV.

Evaluation of the rural response system intervention to prevent violence against women: findings from a community-randomised controlled trial in the Central Region of Ghana

This intervention worked through community activists to sensitise communities on VAW and support couples who experienced violence. Evaluation results presented in this paper suggest that the intervention had a positive impact on women's experiences of IPV and depression. Men's reports of violence perpetration were more inconsistent and men showed lower levels of engagement in programme activities, which warrant further research to understand men's change pathways.

Photo: Woman picking vegetables. Source: Anisa Sabiri, in *Effective design and implementation elements in interventions to prevent violence against women and girls*, p. 13.

