Supporting Security & Justice (S&J) responses for COVID-19
Factsheet on violence against women and girls (VAWG)

VIOLENCE AGAINST WOMEN AND GIRLS HELPDESK

The UN has highlighted increasing rates of VAWG across countries affected by COVID-19 and their devastating impacts for women and girls.[1] COVID-19 affects gender roles and responsibilities, access to health care, including sexual and reproductive rights, decision-making and leadership, access to information and freedom of movement, which can all impact on VAWG.[2] Female-headed households, adolescent girls, young women, older women, women with disabilities, refugees/IDPs, migrants, and those living in fragile and conflict-affected states (FCAS) are especially vulnerable.[3] VAWG increases mortality of women and girls due to direct injuries as well as reduced capacity to seek treatment for other conditions, including COVID-19, whilst economic marginalisation of survivors may leave them unable to achieve personal security, justice, and recovery. **VAWG response can be considered both life-saving and essential to COVID-19 recovery**.

What is the impact of COVID-19 on VAWG?

Emerging evidence on COVID-19 and from previous health crises (e.g. Ebola, SARS and Zika) suggests that COVID-19 will drive significant increases in multiple forms of VAWG.[4]

One in three women have experienced intimate partner violence (IPV) in their lifetime and it accounts for more than a third of female homicides.[5] **IPV is pervasive after crises**[6] and even during conflict, a woman remains at greatest risk in her own home.[7]

Surges in VAWG due to COVID-19 upwards of 25% are reported in countries with robust monitoring[8] with existing drivers exacerbated by the economic, psychological and physical stresses of lockdown.[9]
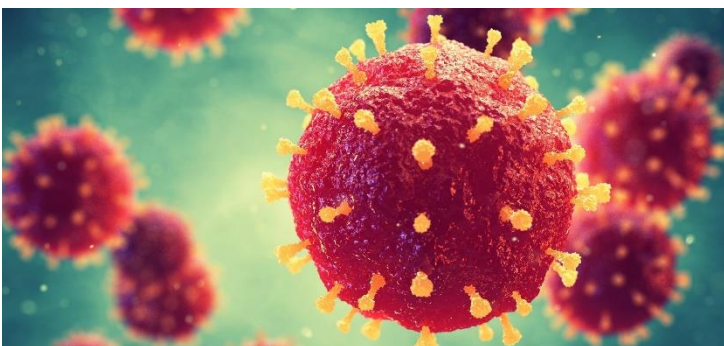
Experience during the Ebola crisis suggests **risks of sexual exploitation, abuse and sexual harassment (SEAH)** of female staff and beneficiaries during COVID-19 emergency response are high, especially where rapid scale-up or adaptation fails to include safeguarding measures.[10] Women and girls are especially at risk when they seek food, water and firewood during lockdown.[11]

SEAH may be perpetrated by state and non-state armed groups (militias, drug gangs) as they take on roles monitoring and enforcing lockdowns, particularly where they are deployed to residential neighbourhoods without presence of other authorities and citizens.[12]

SEAH towards predominantly female health and social care workers is widespread[13] and likely to increase during COVID-19 response, perpetrated by colleagues, patients and community members. They may also face increased risk of IPV due to their role.

Child marriage and early pregnancy often increases during crisis, including pandemics, due to the absence of support structures (through schools and community groups), lack of alternatives for vulnerable girls, economic pressures and shifting social norms.[14]

Cybercrime, including child sexual abuse and harassment, has increased.[15] Civic activism has moved online, but women activists report experiencing sexual harassment and other abuse online.

What are the impacts on S&J responses?

During a pandemic, services, referral pathways and safeguards that help prevent and mitigate the impacts of VAWG may reduce due to shifting priorities, reallocation of funding and personnel to the health response and restrictions on movement. COVID-19 has multiple impacts on security and justice sector capacities to respond to VAWG.

VAWG is hidden compared to other forms of violence or crime[16] with fewer than 10% of survivors reporting to police.[17] It is underreported due to stigma, fear, lack of accessible services and specialist staff or mistrust of authorities. Lockdown restrictions and redeployment of police resources further reduce the likelihood of reporting.

S&J service capacities to respond to VAWG are likely to reduce, including fewer female staff trained to support survivors of VAWG. Security sector workers face high risks of contracting COVID-19 whilst women working within formal and informal security and justice mechanisms may be unable to work due to COVID-19 caring responsibilities or because of VAWG experienced at home or work. VAWG-related services such as secure reporting and counselling, helplines, protection services and court referrals may be de-prioritised.[18]

Military forces may adopt new roles supporting the health sector response. **Increased presence of military personal within health facilities may increase risks of SEAH** and deter women in some contexts from seeking care for COVID-19.

Many countries have prioritised enforcing lockdown over investigation and prosecution of all but the most serious crimes, making it **less likely that VAWG-related crimes will be investigated or prosecuted.** At the same time, early release of prisoners to reduce COVID-19 transmission[19] may re-introduce risks and trauma to survivors.

Reduction in broader policing due to COVID-19 enforcement and other roles can create a rule of law vacuum in remote communities, and increase SEAH and other forms of VAWG, including targeted killings of women's rights defenders.[20]

Emergency measures may reduce civic space, including for women's rights defenders to accompany and advocate for survivors, monitor incidence and responses to VAWG, or deliver VAWG services alongside formal mechanisms. There are fears that authoritarian rule and reduction of civic space may continue post-COVID-19.[21]

Where state capacity is overwhelmed or where COVID-19 is instrumentalised,[22] **increased state instability presents longer term risks of VAWG, including of conflict-related sexual violence**[23] and further reductions in state capacity to respond.

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[Image] Image of COVID-19. Source: FSB [https://www.fsb.org.uk/campaign/covid19.html]

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