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## **SWEDD & COVID-19: Gender-based violence and adolescent girls**

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Ideas. Evidence. Impact.

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# **SWEDD & COVID-19** **GENDER-BASED VIOLENCE** **AND ADOLESCENT GIRLS**

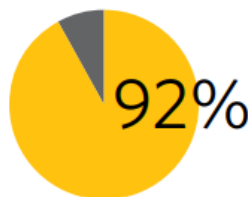
May 19, 2020

“The Sahel is the youngest region in the world. As a source of innovation and creativity, youth is an asset that should not be underestimated. Young people and women play an immeasurable role in building the foundations of tomorrow’s world, and we should expect changes in the social norms and values that guide them. Access to education, healthcare, employment, and training will make more of a difference than ever if we want to see the Sahel countries progress towards shared, lasting, and sustainable growth. Harnessing the demographic dividend is an opportunity Africa can’t pass up.”



Mabingue Ngom  
UNFPA Regional Director  
West and Central Africa Regional Office

# SAHEL



THE RATIO OF  
DEPENDENT CHILDREN  
(<15 YEARS)  
COMPARED TO THE  
WORKING-AGE  
POPULATION

MEDIAN AGE



MEDIAN AGE AT 1<sup>ST</sup> MARRIAGE

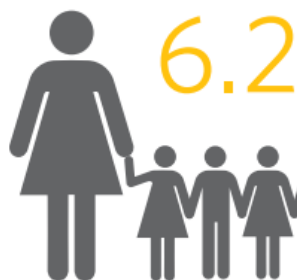


USAGE RATE OF MODERN  
CONTRACEPTIVES

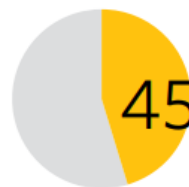


9%

NUMBER OF CHILDREN  
AVERAGE PER WOMAN



6.2



BIRTHS  
ATTENDED  
BY QUALIFIED  
PERSONNEL



606 maternal deaths  
PER 100,000 LIVE BIRTHS

“On my wedding night, my husband consummated the marriage brutally,” explains Salamatou. “I fled to my grandparents’, my father found me and beat me. I ended up in the hospital and I was sent home to my husband. I endured even more violence there. I will continue to be an activist for the rest of my life for girls who are victims of forced and early marriages.”

Salamatou, 17, Niger

1. GBV risk worsened in times of crisis; cycles of violence intensify
2. Inaccessibility of normal social networks & support systems can increase vulnerability
3. Violence-related (& other) intra-household effects differ for adolescent girls as daughters vs. wives; also differ for very young adolescents (10-14 y.o.) & older
4. Following slides from sources on “women & children”; little dedicated adolescent girl GBV & COVID-19 work—must be adjusted for adolescents/adolescent considerations
5. Need work on GBV at multiple levels: government, health sector, NGOs, media, communities, individuals
6. Commitment to ‘Do No Harm’ vital when addressing adolescent girls' GBV risk

# The Issue: Gender-Based Violence (GBV) & Crises

“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.”

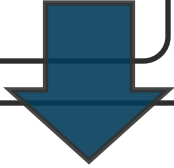
[John et al., 2020](#)

“When Ebola spread through West Africa, conditions that left women and girls vulnerable to sexual coercion and sexual violence were exacerbated. Consequently, as the impacts of Ebola intensified, the cycle of violence as a tactic in disaster and conflict increased, resulting in high rates of pregnancy and poor health outcomes.”

[Onyango et al., 2019](#)

# An unprecedented pandemic

Novel coronavirus (SARS-COV-2): A new strain of coronavirus causing COVID-19



COVID-19 declared a global pandemic by WHO



Increased vulnerability of women, men, girls, boys, to various forms of GBV, including Intimate Partner Violence (IPV)



# Responding to GBV is an essential service

- Crises not an excuse for disrupting/diverting essential services, increasing vulnerability of hard-hit
- Girls may lack access to regular social networks, social support, health & other support services; exacerbate their vulnerability.
- Perpetrators may lash out—economic strain stress—while resource to leave/resist diminish.
- Critical services unavailable or de-prioritized during pandemic.
- Fear of infection, restriction of mobility, public unrest, may prevent help seeking.

# Main (direct & indirect) pathways linking pandemics & VAW/C.

## Effects on:

1. Economic insecurity & poverty-related stress,
2. Quarantines & social isolation,
3. Disaster & conflict-related unrest & instability,
4. Exposure to exploitative relationships due to changing demographics,
5. Reduced health service availability & access to first responders,
6. Inability of women to temporarily escape abusive partners,
7. Virus-specific sources of violence,
8. Exposure to violence, coercion in response efforts,
9. Violence perpetrated against health care workers.

SOURCE: Peterman, A., et al. (2020). Pandemics and Violence Against Women and Children. *Center for Global Development*. Retrieved from <https://www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf>

# Possible interventions

**Varies based on context of pandemic, existing level of services & development**

1. Bolster violence-related first-response systems
2. Ensure VAW/C integrated in health systems response
3. Expand & reinforce social safety nets
4. Expand shelter & temporary housing for survivors
5. Encourage informal (& virtual) social support networks
6. Clear communication & support during quarantines
7. Integrate VAW/C programming in longer-term pandemic preparedness
8. Implement & invest in flexible funding mechanisms

SOURCE: Peterman, A., et al. (2020). Pandemics and Violence Against Women and Children. *Center for Global Development*. Retrieved from <https://www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf>

# **Governments** can help protect **women and their children from violence during COVID-19**

**Include** violence against women essential services in COVID-19 emergency preparedness and response plans



**Support** hotlines, shelters and other specialized services to provide services in the context of COVID-19 prevention measures



# Possible roles of health care providers, Kenya example

Be aware of GBV health consequences and risks

Support survivors: offer **first line support**, medical treatment, referral

Rape cases: Ensure fidelity in documentation and chain of custody for data & evidence

Report and seek help for **personal experience** of GBV

SOURCE: Undie, Chi-Chi. (2020). Interim Guidance on the Implementation of GBV Health Services In The Time of COVID-19. PowerPoint Slides. New York: Population Council.

# Possible roles of County & Sub-County Health Management Teams, Kenya example

Develop, disseminate local  
GBV service availability

Revise, communicate  
GBV referral pathway

Integrate GBV risk & response info  
into county COVID-19 trainings

Review, reinforce facility-community  
linkages for GBV report & service access

Disseminate accessible, gender-  
sensitive info on COVID-19

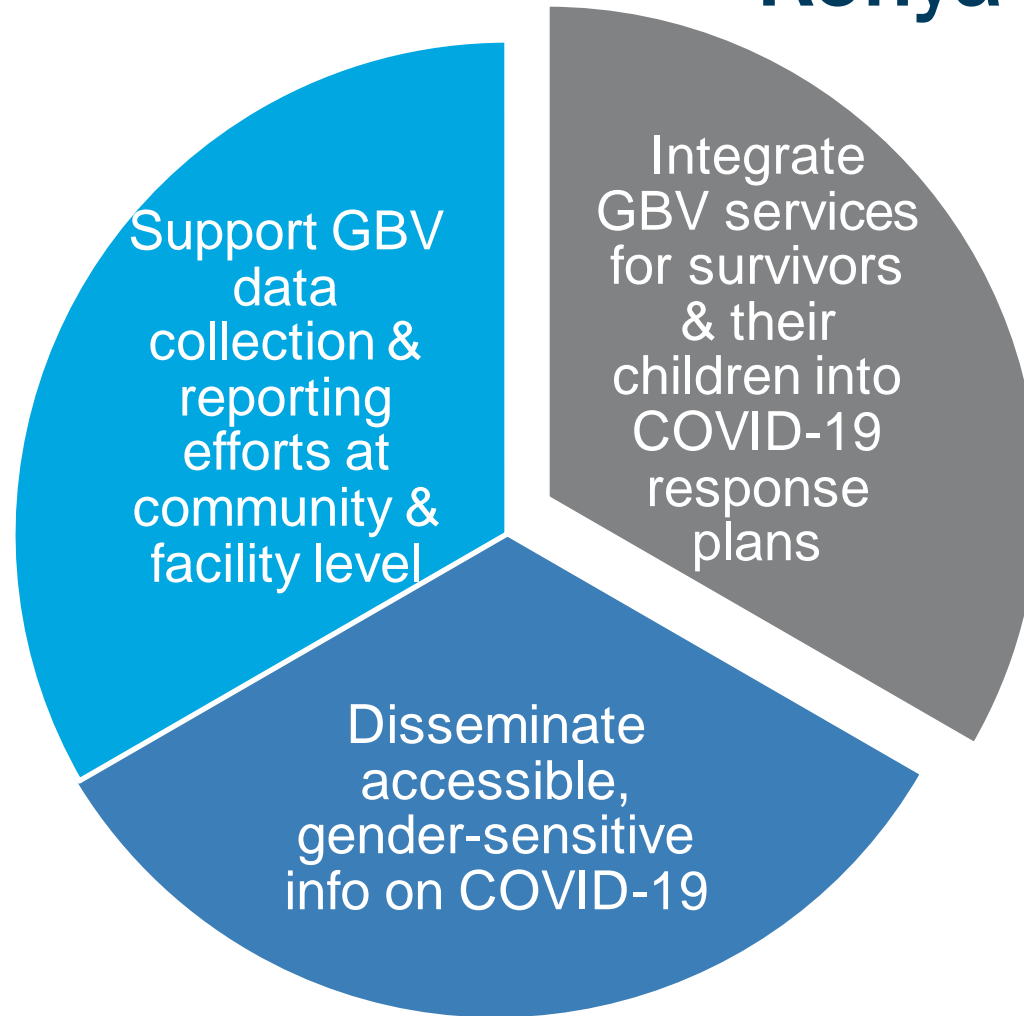
Multisectoral collaboration to implement  
innovative menstrual health interventions

Provide appropriate personal protective  
equipment, commodities, tools

Provide GBV services  
for health care workers

SOURCE: Undie, Chi-Chi. (2020). Interim Guidance on the Implementation of GBV Health Services In The Time of COVID-19. PowerPoint Slides. New York: Population Council.

# Possible role of NGOs & media, Kenya example



SOURCE: Undie, Chi-Chi. (2020). Interim Guidance on the Implementation of GBV Health Services In The Time of COVID-19. PowerPoint Slides. New York: Population Council.

# Not just hotlines & mobile phones

## GBV Service provision during COVID-19 in low-resource settings

- Adapt existing physical safe spaces for women & girls into GBV phone booth stations
- Create entry points & systems survivors can access or can signal need for support
  - GBV Service Integration
  - Survivors can activate ‘alert chain’ for support at permitted premises
- Low or no tech alert systems; women’s organisations, security operations, human rights activists developed solutions for ‘silent/non-verbal alerts’; ‘alerts’ take various forms in different contexts
  - E.g., Code words, whistles/alarms, placing innocuous objects outside the home e.g. a certain coloured cloth/bucket etc.



# WHO ‘tips’ for coping with stress & violence risk at home

- Know that social isolation, quarantine, distancing can affect psychological well-being. To reduce stress:
  - Seek information from reliable sources, reduce time on consuming news.
  - Seek support from family, friends.
  - Try to maintain daily routines, make time for physical activity, sleep.
  - Use relaxation exercises (e.g. slow breathing, meditation, progressive muscle relaxation, grounding exercises) to relieve stress.
  - Do activities that help manage adversity.
- Women & girls who experience violence may find it helpful:
  - To develop safety po To reach out to supportive family, friends for practical and psychological help.
  - Plan for themselves & children including keeping numbers of neighbors, friends, family who can help; keep important documents, money, a few personal things accessible, plan how to leave house & get help (e.g. transport, location).
  - To keep information on hotlines, social workers, child protection, nearest police station, & accessible shelters & support services. Be discreet so partner or family members don’t find the information.

# GBV Response

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## Illustrate Examples

Ecuador: Local organization – CEPAM-Guayaquil –adapted to COVID-19 to offer phone counseling services.

China: Judicial court in Beijing using online court hearing & cloud-based platforms to handle GBV cases. Network called ‘Vaccines Against Domestic Violence’ with over 2000 volunteers provide counseling, support families to resolve conflicts peacefully.

International agencies working in humanitarian contexts like International Rescue Committee have guidelines on rapid response & set up of mobile &/or remote GBV services.\_

# Useful resources on GBV & COVID-19

- Lessons Never Learned: Crisis and gender-based violence: [https://onlinelibrary.wiley.com/doi/full/10.1111/dewb.12261?mc\\_cid=5225c6b1c1&mc\\_eid=c7d5a6074b](https://onlinelibrary.wiley.com/doi/full/10.1111/dewb.12261?mc_cid=5225c6b1c1&mc_eid=c7d5a6074b)
- Violence Against Women and Girls Data Collection during COVID-19: [https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/vawg-data-collection-during-covid-19-compressed.pdf?la=en&vs=2339&mc\\_cid=](https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/vawg-data-collection-during-covid-19-compressed.pdf?la=en&vs=2339&mc_cid=)
- Addressing VAW in the context of COVID-19 (Arabic, Chinese, English, French, Portuguese, Russian, Spanish). <https://www.who.int/reproductivehealth/publications/vaw-covid-19/en/>
- Rapid Assessment Remote Service Mapping Template: <https://en.unesco.org/news/mapping-online-articles-covid-19-and-gender>
- COVID-19 Resources: Gender Data, Gender, & Data: <https://data2x.org/resource-center/gender-and-data-resources-related-to-covid-19/>
- Global Rapid Gender Analysis for COVID-19: [https://www.care-international.org/files/files/Global\\_RGA\\_COVID\\_RDM\\_3\\_31\\_20\\_FINAL.pdf](https://www.care-international.org/files/files/Global_RGA_COVID_RDM_3_31_20_FINAL.pdf)



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