Preventing and responding to gender-based violence in the context of COVID-19: What can be done?
What is gender-based violence (GBV)?

Physical, Sexual, Emotional, Economic violence by intimate partners.

Sexual violence and coercion by any perpetrator.

Early and forced marriage.

Trafficking.

Femicide.
Why is it important?

High prevalence of VAWG in the region as an ongoing challenge.

1 in 3 women has experienced lifetime physical and/or sexual violence, mainly by an intimate partner.

% women who reported lifetime physical and/or sexual violence, selected countries

- Belize (2015)
- Haiti (2016/7)
- Jamaica (2016)
- Trinidad and Tobago (2017)
Why is it important?

VAWG increases in any emergency, including COVID-19 – it is especially important to strengthen prevention and response to VAWG now.
Why has the risk of VAWG increased?

- Less contact with family and friends, less social support
- Less access to health and protection services (including SRH)

Perpetrators may:
- Use restrictions due to COVID-19 to exercise power and control over their partners to further reduce access to services, help and psychosocial support from both formal and informal networks.
- Limit access to necessary items such as soap and hand sanitizer
- Exert control by spreading misinformation about the disease and stigmatize partners

- More stress and anxiety
- Greater burden of domestic tasks on women (e.g., as the result of school closures)
- Higher risk of job losses, economic worries etc.
Who deserves particular attention in the context of COVID-19?

Groups in conditions of vulnerability:

• Households with existing violence
• Women and girls with disabilities
• Homeless women and those living in informal urban settings
• Women and girls from low-income households, employed in the informal economy or without education
• Orphan children, street children
• Older women
Children that witness violence in their homes are more likely to experience or perpetrate violence in future.

Domestic violence can increase the risk of child maltreatment and other types of VAC.

Adolescence is a time of heightened vulnerability – including early forms of partner violence.
Responding to violence is always multisectoral and collective

The risks of violence that women and their children face during the current COVID-19 crisis cannot be ignored.
Forthcoming WHO guidance:

Key actions for addressing violence against children, women and older persons during the COVID-19 pandemic
Key messages for key target groups

- Actions for policy-makers
- Tips for survivors
- Actions for health workers
- Actions for communities
10 messages for policy makers & program managers

1. Include domestic violence when designing, implementing and monitoring health emergency preparedness and response plans.

2. Deliver and resource the prevention of and response to violence as essential services in the context of COVID-19.

3. Strengthen access to online services such as hotlines, mHealth and telehealth.

4. Innovate ways to provide information and support, e.g., through pharmacies, supermarkets, etc.

5. Train health sector staff on how to identify survivors and how to provide first-line support.
6. Provide guidance to shelters, care homes and other institutions to facilitate ongoing support to survivors.

7. Prevent harm to children – e.g., by supporting parents, preventing long-term child-family separation, and establishing safe and acceptable alternative care arrangements in case of illness or death of a caregiver.

8. Share information on available support with survivors and communities and engage them in developing responses.

9. Mobilize communities to promote gender equality and zero tolerance for violence.

10. Coordinate with other sectors to address the risk factors of violence (e.g., harmful use of alcohol) and protect women and children.
5 actions for health workers

❖ Be aware of the increased risk of domestic violence in the context of COVID-19.
❖ Recognize the signs and know when and how to ask about violence.
❖ Provide timely care for physical, sexual, reproductive and mental health.
❖ Provide first-line support to survivors.
❖ Share information about available support and establish referrals to other essential services.
Identifying survivors

**Clinical enquiry:** actively look out for signs and ask when you suspect violence

NOT universal screening

**Do not pressure her.**

Have information available in case she does not disclose.
Remember: Avoid putting her at further risk

• Be careful about contacting the survivor if the abuser is in the home (e.g. phone, info materials)
• Talk about abuse only when you cannot be overheard – check with her!
• Maintain confidentiality – even with friends and family members
First-line support
LIVES

Learn to listen with your

Eyes – giving her your undivided attention

Ears – truly hearing her concerns

Heart – with caring and respect
Provide timely medical care of good quality

Why is timeliness important?
Every hour counts:
Consider time limits for quality care after sexual violence (PEP, EC)
Everyone deserves to feel safe at home. There is never any excuse for violence.

- Be aware of the increased risk of domestic violence during the COVID-19 pandemic and remember: Violence is never justified.
- Reach out to, keep in touch with and support women and children.
- Be careful of contacting survivors when the abuser is present in the home.
- Get and share information on available support with survivors and communities.
- Be prepared to call emergency services in case someone needs urgent help.
Tips for survivors

VIOLENCE AGAINST YOU IS NEVER YOUR FAULT

• Be aware that isolation and distancing measures can affect your and your family's well-being.

• Reduce and manage stress as much as possible – e.g., through physical exercise and relaxation techniques.

• Reach out to trusted family and friends for practical help and support.

• Make a plan to protect yourself and your children any way you can.

• Find out about available services and seek help from a hotline, shelter or other health or protection services.
PAHO support

01
Raise awareness of the need for action to reduce violence in the Region of the Americas in the context of COVID-19;
- Example: new risk communication materials on violence and COVID-19

02
Identify, synthesize and disseminate data and evidence on what works to reduce violence;
- Example: ongoing monitoring of trends and experiences

03
Provide guidance and technical support to countries to develop evidence-based prevention and response capacity;
- Example: training for health workers and hotlines, guidance for shelters etc.

04
Strengthen partnerships across sectors and stakeholders for violence prevention and response.
Other resources

**New**
Child maltreatment guidelines

Responding to intimate partner violence and sexual violence against women with clinical and policy guidelines

Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook

Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings

COVID-19 and violence against women
What the health sector/system can do to respond

Other resources
Many thanks!

For more information, please visit:
https://www.paho.org/en/topics/violence-against-women

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There are never excuses for violence