

Submission to the UN Special Rapporteur on violence against women, its causes and consequences in response to the call for inputs on the increase of GBV against women and domestic violence in the context of the COVID-19 pandemic

Introduction

The Girls Advocacy Alliance (GAA),¹ a joint civil society initiative of which Defence for Children International,² Plan International,³ and Terre des Hommes International Federation⁴ are members, welcomes the decision of the Special Rapporteur to receive all relevant information on the increase of gender-based violence (GBV) against women and domestic violence in the context of the COVID-19 pandemic.

We recommend the Special Rapporteur to encourage all stakeholders to consider age, gender, and diversity when designing policies to respond to COVID-19, and to include measures to prevent and respond to GBV and address deep-rooted discriminatory social and gender norms.

The GAA, at the international level, advocates and lobbies to promote the rights of girls and young women by engaging with the Treaty Bodies, Special Procedures, and other accountability mechanisms. Given our expertise and experience, our submission will focus on highlighting the vulnerabilities, needs, and experiences of girls and young women.

Background and general recommendations

Because of gender stereotypes, girls and women are often less valued and have lower social status. Discrimination starts in their homes and communities. Girls and young women, especially the most marginalised, will be particularly affected by the secondary impacts of the COVID-19 outbreak due to harmful social and gender norms and the double discrimination they face based on age and gender.⁵ States should ensure that laws, policies, programmes, and plans of action are designed in a way that addresses the root causes of GBV in a meaningful and inclusive way.

Girls and women are not a homogenous group and their experiences of GBV are diverse. These forms of violence often disproportionately impact girls and young women at the intersections of other forms of marginalisation. This includes girls and young women who are members of minority races and ethnicities, the LGBTIQ+ community, and/or living with disabilities.⁶

Gender inequalities exacerbate the risks of violence, especially for girls and young women: girls and boys are out of school due to government closures, putting them at higher risk of child labour, exploitation, and adolescent girls at increased risk of child early, and forced marriage (CEFM), female genital mutilation (FGM), early pregnancy, and maternal mortality.⁷ When girls are out of school, they lose out on the protection that the school environment provides, and struggle to access social support structures and essential SRH information

¹ The goal of the Girls Advocacy Alliance is to ensure that governments and private sector actors make changes in their agendas, policies, and practice to end GBV and EE of girls and young women. We aim to achieve this by building the capacity of civil society organizations to hold their governments and private sector actors accountable, and by mobilising key decision-makers to address social norms and values. To this end, the GAA has an international component that conducts advocacy at the international level and provides support to local partners in ten countries in Africa and Asia. The International Programme of GAA is implemented in Geneva and New York by Plan International, Terre des Hommes International Federation, Defence for Children International, and ECPAT International.

² Defence for Children International is a leading child rights-focused and membership-based grassroots movement founded in 1979 in Geneva, with a focus on justice for children and children deprived of liberty.

³ Plan International is an independent development and humanitarian organisation with ECOSOC consultative status that advances children's rights and equality for girls.

⁴ Terre des Hommes International Federation is a network working for the rights of children and to promote equitable development.

⁵ Plan International "COVID-19 The Impact on Girls" (April 2020).

⁶ "Breaking the Silence: Ending online violence and abuse against women's rights activists." Womankind. 2018.

⁷ <https://www.womankind.org.uk/docs/default-source/default-document-library/breaking-the-silence-policy-briefing.pdf>

⁷ In villages highly disrupted by Ebola in Sierra Leone, adolescent pregnancy increased by 65%. In Plan International "COVID-19 The Impact on Girls" (April 2020).

and services. Previous infectious disease outbreaks have also shown us that pandemics can bring about or worsen humanitarian emergencies and amplify the risks that women and girls will face GBV in that context.

In order to address the specific vulnerabilities and barriers experienced by girls and young women, we encourage the Special Rapporteur to consider the different ways in which female victims of GBV are affected by the issue depending on their age.

We encourage the Special Rapporteur to promote a gender-transformative approach, which goes beyond addressing “symptoms” to explicitly tackle the root causes of gender inequality, particularly unequal gender power relations, discriminatory gender and social norms and systems, structures, laws, policies, and practices. The GAA believes that this approach can result in positive changes and sustainable outcomes for girls and women, and for society more broadly.

Girls and young women are important drivers for challenging harmful social norms; their role should be recognised and provided for in relevant instruments, including resolutions, general comments, and reports.

Key challenges

Girls and young women face many challenges that increase their vulnerability to GBV, including:

- Threats, harassment, and GBV on- and offline;
- Harmful gender norms which seek to control female sexuality;
- Gendered stereotypes perpetuated by society, media, and power-holders;
- Patriarchal structures that limit their participation in public and professional life, including the ‘glass ceiling’;
- Intersecting discriminations, such as those related to age, gender, economic or social status, race, ethnicity, sexual orientation, disability, or migratory status;
- Lack of access to power-holders and decision-making spaces;
- Dysfunctional justice systems and institutions and lack of access to legal services for victims of GBV;
- Fear of stigma and retaliation, as well as pressure from authorities, police officers or the community to withdraw complaints;
- Barriers to accessing, staying in, or returning to education;
- Lack of economic independence leading to increased risk and vulnerability; and
- Underfunding and barriers in accessing funding for girls’ rights advocacy groups.⁸

Recommendations

These challenges could be addressed by urging states to:

- Apply an age, gender, and diversity lens to identify and address specific vulnerabilities and remove barriers that impede enjoyment of rights by girls and young women;
- Consult with girls and young women to inform the development of policies and practices, and on the supports they need, and provide support mechanisms, safe spaces, and networking and mentorship programmes, with multiple avenues for making contact, including online;
- Prioritise mental health support and access to SRH information and services for survivors of violence and to girls and young women more generally, together with health services that are essential for children’s survival and growth;
- Use telehealth to facilitate access to services, where in-person appointments are not possible;
- Recognise child protection, GBV, and SRH services as essential, and grant exemptions to allow service providers to continue their work and users to access services in the event of restrictions on movement and other restrictions;

⁸ This is set to worsen as the impacts of COVID-19 reduce funding streams to civil society, putting their sustainability in jeopardy. Pre-COVID-19, only 1% of gender-focused international aid reached women’s organisations, a tiny fraction of which will have reached girl-led groups (AWID, 2019, Towards a Feminist Funding Ecosystem). They also face many barriers in accessing funds due to registration challenges, lack of bank accounts, limited technical, administrative and financial capacity, etc.

- Ensure that child protection, GBV, and SRH response efforts are funded, coordinated, and that providers have access to psychosocial support, personal protective equipment (including PPE that properly fits women's bodies), and other supports as needed;
- Improve monitoring, reporting, and prevention of the threats and risks faced by girls and young women on- and offline, whilst ensuring girls and young women are not put at further risk of violence;
- Provide access to justice and remove administrative, legal, and financial barriers to reporting of GBV and child protection concerns;
- Monitor, evaluate, and update case management systems to improve quality and meet new challenges presented by COVID-19;
- Diversify outreach activities to ensure marginalized women and girls, including those living with disabilities, understand their rights and where they can obtain support;
- Create and reinforce space for civil society to discuss and operate in an inclusive and autonomous way;
- Encourage social media platforms to strengthen GBV reporting mechanisms, in consultation with girls and young women;
- Implement awareness campaigns on social norm change, tackling discriminatory gender biases, and encouraging boys and men to share the burden of family care and household work;
- Ensure girls and young women have continued access to education while schools are shut, including comprehensive sexuality education, both through digital and distant learning mechanisms and implement targeted measures to support their return to education if it has been interrupted, especially for pregnant/married girls and young mothers;
- Promote the participation of girls and young women, both off- and online, in political and civic spheres;
- Guarantee their right of access to information that is responsive to their age, evolving capacities, and local language;
- Provide safe and secure access to the internet for girls and young women and include digital literacy and security in national curricula.
- Ensure that civil society organisations can operate in a safe and enabling environment with the support and protection of relevant partners and institutions;
- Fund and implement targeted measures to support economic empowerment of women and girls to reduce their vulnerability;
- Provide adequate multi-year financial and/or material support to build organisational capacity of girl-led groups and young feminist activists and associations; and
- Support and fund small, remote, non-digital, marginalised, minority organisations and those working on sensitive issues.

1. To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis.

Reports from around the world have indicated a worrying rise in domestic violence, affecting mainly women and girls. This is a global issue. For example:

- In **China**, at the height of the quarantine, there was a threefold increase in calls to women's shelters regarding violence at home;
- In the **United Kingdom**, Refuge UK reported a 700% increase in calls to its helpline in a single day;
- In **France**, reports of domestic violence have increased by 30% since the lockdown;
- In **Liberia**, a Safe-Home in Montserrado saw an increase from an average of 15-20 survivors per month to 40-50 in April and May 2020, which is more than twice the number of cases seen previously.⁹ Cases of domestic violence against women and girls significantly increased, as well as cases of cyberbullying;¹⁰

⁹ Information received from Plan International Liberia.

¹⁰ Information received from Defence for Children International.

- In **Sierra Leone**, sexual abuse against girls in quarantined homes in Port Loko district was reported by DCI;¹¹ and
- In **Singapore**, helplines have registered a 33% increase in calls.¹²

In April 2020, the UN Population Fund (UNFPA) predicted that, should lockdown continue for six months, it would result in 7 million unplanned pregnancies and 31 million gender-based violence cases.¹³ Due to pandemic-related disruptions in prevention programmes, UNFPA estimates that 2 million FGM cases could occur over the next decade that would otherwise have been averted.¹⁴ Moreover, COVID-19 will disrupt planned efforts to end CEFM and cause wide-reaching economic consequences. Together, these factors are expected to result in an additional total 13 million child marriages taking place that otherwise would not have occurred between 2020 and 2030.¹⁵ Plan International and our partners around the world have conducted surveys, despite the challenging circumstances, to gather additional information.

In **Bangladesh**, the Manusher Jonno Foundation launched a telephone survey in April 2020 to make contact with survivors of violence to offer support and to gather information about the impact of COVID-19 on levels of violence against women and children.¹⁶ The survey was conducted by 24 partners and reached 17,203 respondents in 27 districts, 58 upazilas (sub-districts), and 602 villages. Of the respondents reached, 12,376 were reluctant or afraid to share information because they view domestic violence as a part of life in Bangladesh, due to the lack of privacy associated with confinement measures, or due to lack of time because of care and domestic burdens. It was also difficult to reach children, who are normally reached through schools. Many survivors of violence were difficult to reach because they do not own cell phones. A follow-up survey in May 2020 was conducted by 108 partners and reached 53,340 respondents in 53 districts.¹⁷

In April 2020, respondents reported a total of 4,249 GBV cases against women: 2,008 cases of psychological violence, 848 cases of physical violence, 85 cases of sexual violence, and 1,308 cases of denial of resources. 2,455 respondents reported experiencing violence for the first time in their lives: 1,672 women and 783 children. It was reported that 20 women were subjected to sexual harassment, 4 women experienced rape, and 1 woman was murdered during the survey period. Violence against children was also reported with 33 cases of child marriage, 16 cases of attempted rape, 10 cases of sexual harassment, 4 cases of rape, and 2 cases of kidnapping. 141 cases of child marriage were prevented. 2,202 respondents received counselling, referral services or health support. Partners are following up with 2,000 survivors. The most common reported need was victim support services, which are poor or absent in some areas.

In May 2020, respondents reported a total of 13,494 GBV cases. Of 11,323 women who reported experiencing violence, 11,025 (97.4%) were subjected to domestic violence. 179 women were subjected to sexual harassment, 54 experienced sexual harassment while accessing food or other supports, 48 were victims of rape or attempted rape, and 17 women were murdered. The incidents of domestic violence against women break down as follows: 4,947 cases of psychological violence, 3, 589 cases of denial of resources, 2,085 cases of physical violence, and 404 cases of sexual violence. Among children respondents, 2,171 were victims of violence, including 1,621 cases of domestic violence, 170 cases of child marriage, 67 cases of violence in the

¹¹ Information received from Defence for Children International.

¹² Living under Lockdown, Plan International: <https://plan-international.org/publications/living-under-lockdown>

¹³ Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, UNFPA, April 2020: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

¹⁴ Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, UNFPA, April 2020: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

¹⁵ Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, UNFPA, April 2020: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

¹⁶ A Telephone Survey: Violence against Women and Children: COVID-19, April 2020, <http://www.manusherjonno.org/wp-content/uploads/2020/03/Brief%20Survey%20Report%20April%202020.pdf>

¹⁷ A Telephone Survey: Violence against Women and Children: COVID-19, May 2020, <http://www.manusherjonno.org/wp-content/uploads/2020/03/Final%20Report%20of%20Telephone%20Survey%20on%20VAW%20May%202020%20-%209%20June.pdf>

workplace, 21 cases of kidnapping, 19 cases of murder, 19 cases of rape, 18 cases of attempted rape, and 3 cases of sexual harassment while accessing aid. 233 cases of child marriage were prevented. 68% of child victims were girls, and 32% were boys. 4,160 respondents reported experiencing violence for the first time in their lives: 2,841 women and 1,319 children.

In **Cambodia**, Plan International conducted a rapid assessment in May 2020, reaching 661 respondents. 7.7% of respondents reported witnessing domestic violence, particularly against girls and young women, while 91% reported no knowledge of domestic violence and 1.2% responded that they did not know. Joining Forces and the Child Rights Coalition conducted a consultation with children and youth in which online safety emerged as a key issue. 84% of children and young people reported spending more time online, largely unsupervised. 15% of interviewees reported that they had been contacted by strangers on social media, and 2% had been asked to share intimate photographs or videos or to perform inappropriate acts on webcam.¹⁸

In **Egypt**, there have been reports of increased cases of female genital mutilation due to school closures, with reports of door-to-door FGM services.¹⁹

In **India**, to date in 2020, the National Commission for Women has registered 861 cases of domestic violence: 270 cases in January; 302 cases in February; and 302 cases in March. Between 20 March and 20 April, after lockdown was imposed, a total of 257 complaints related to various offences against women were received, of which 69 were related to domestic violence. Between 20 and 31 March 2020, the first week of lockdown, the ChildLine India Foundation hotline received 92,105 calls about abuse and violence against children, amounting to 30% of all calls.²⁰

In **Jordan**, initial reports show that girls and women are experiencing heightened emotional and physical abuse while under lockdown, and online sexual harassment and cyber-bullying. In April 2020, the UNFPA Jordan country program, in coordination with Plan International and the Institute for Family Health (IFH)/Noor Al Hussein Foundation, conducted a rapid assessment of the impact of COVID-19 on GBV and sexual and reproductive health (SRH) and rights among adolescent girls and young women in Jordan, including persons with disabilities.²¹

According to the findings, 69% of survey respondents, key informants, and focus group discussion participants agreed that GBV had increased since the beginning of the pandemic.²² Emotional and physical abuse, often perpetrated by an intimate partner or member of the family, were named as the most common types of GBV.

Even prior to the COVID-19 crisis, 26% of Jordanian women aged between 15 and 49 had experienced violence at the hands of their intimate partner. In 2019, 88% of documented GBV cases were carried out by intimate partners. Indicating the level to which domestic violence is accepted, nearly 50% of women and more than 66% of men considered it to be justified in certain circumstances.

However, although anecdotal reports were shared of increase violence against girls and women, the number of cases that were registered in the GBV Information Management System (GBVIMS) decreased; this would seem to indicate a decline in help-seeking behaviours or that survivors faced additional barriers to reporting due to confinement measures. Shame, stigmatisation of survivors, and social pressure remain as considerable obstacles to reporting.

¹⁸ Information received from Plan International Cambodia.

¹⁹ Girls at Risk as COVID-19 Threatens to Leave African Children Behind, Plan International, June 2020, <https://plan-international.org/news/2020-06-16-girls-risk-covid-19-threatens-leave-african-children-behind>

²⁰ Information received from Plan International India.

²¹ Daring to Ask, Listen and Act: A Snapshot of the Impacts of COVID-19 on Women's and Girls' Rights and SRH, Plan International, April/May 2020, <https://plan-international.org/publications/impacts-covid-19-girls-rights-and-reproductive-health>

²² Daring to Ask, Listen and Act: A Snapshot of the Impacts of COVID-19 on Women's and Girls' Rights and SRH, Plan International, April/May 2020, <https://plan-international.org/publications/impacts-covid-19-girls-rights-and-reproductive-health>

In **Kenya**, there have been reports of increased risk of female genital mutilation due to school closures, and it was reported that village chiefs were visiting households to identify girls at risk and prevent further cases.²³

In **Lebanon**, Plan International conducted a multi-sectoral needs assessment in April 2020, finding significant protection and psychosocial needs at the household level among both Lebanese and refugee populations.²⁴ 620 caregivers and 498 adolescent boys and girls were surveyed.

Domestic violence, harassment and discrimination, physical abuse, sexual exploitation and abuse were the main risks reported by adolescents and caregivers who were aware of protection risks in their community. 48% of caregiver respondents said the level of violence against boys and girls had increased since lockdown. Male caregivers were more likely to report no increase in the level of violence, while 66% of female caregivers reported an increase.

In **Malawi**, 30 girls and 20 boys used the toll-free and GBV numbers to report violence.²⁵ Special feedback sessions are broadcast on Tumveni, Zodiak, and YONECO radio for children and young people to discuss their needs. Officers are designated to respond to their concerns.

In **Niger**, the department of national police in Niamey reported 499 GBV cases between January and April 2020. Significantly, the distribution of these cases was 86 in January, 81 in February, 120 in March, and 212 in April, signalling a sharp increase in the context of COVID-19. Also of concern is the increase in cases of forced marriage from zero in the previous months to 3 during the month of April.²⁶

Breakdown of cases reported to Niamey police:

	January	February	March	April	Total
Rape	5	3	2	22	32
Sexual aggression	1	4	6	10	21
Physical aggression	39	52	45	77	213
Forced marriage	0	0	0	3	3
Denial of resources	14	6	26	45	91
Violence	27	16	41	55	139
Total GBV cases	86	81	120	212	499
Cases attributed to COVID-19			19 (15.8%)	48 (22.6%)	67 (13.4%)

From January to March, 1,502 cases were reported in the regions of Zinder, Maradi, Tahoua, Tillaberi, Niamey, and Diffa. Of these, 96% concerned female victims and 4% concerned male victims. 30% of victims were children under the age of 18, while 70% were aged 18 or older.

Breakdown of types of violence of the 1,502 cases reported from January to March 2020:

Type of violence	%
Physical assault	28.8
Denial of resources	22.1
Psychological violence	15.3
Early marriage	14.1

²³ Kenyan Chiefs Go Door-To-Door To Stop Female Genital Cutting Amid Coronavirus, Reuters, April 2020, <https://www.reuters.com/article/us-health-coronavirus-kenya-women-trfn/kenyan-chiefs-go-door-to-door-to-stop-female-genital-cutting-amid-coronavirus-idUSKCN22322K>

²⁴ COVID-19 Multi-Sectoral Needs Assessment: Lebanon, Plan International, May 2020, <https://plan-international.org/publications/covid-19-multi-sectoral-needs-assessment>

²⁵ COVID-19 regional response update Middle East, Eastern and Southern Africa Region (MEESA), Plan International, May 2020.

²⁶ Information received from Plan International Niger.

Rape	10.2
Sexual assault	9.5

In Niamey, from January to March, a total of 344 cases were reported to police (287) and a non-governmental organisation (NGO) named SOSEVVF (57). This included a sharp increase from 96 cases in January and 92 cases in February to 156 cases in March. Of these, 44% concerned physical violence, 30% concerned psychological violence, 17% concerned denial of resources, 5% concerned sexual assault, and 3% were rape cases.

In **Liberia**, DCI reported that girls had been sexually and physically abused, both in urban and rural communities, while governments are concentrating on prevention and response measures aimed at eliminating COVID-19. The stigma associated with COVID-19 has made some girls more vulnerable to violence and psychosocial distress.²⁷

In **Morocco**, DCI expressed concern about the situation of girls and young women who carry the burden of domestic work and suffer from domestic violence. In the context of COVID-19, harmful images were circulated on social media that included discriminatory language against women and stereotypical representations of gender roles.²⁸

In **Palestine**, DCI observed economic decline affecting the ability of the families to respond to their children's needs, which is a risk factor for increased domestic violence against girls and young women, especially in marginalised areas.²⁹

In **Rwanda**, Plan International has shifted to remote case management of cases of psychological and emotional abuse.³⁰

In **Sierra Leone**, DCI issued a press release urging the government to investigate and prosecute perpetrators of sexual abuse against girls and young women in the Port Loko district, and urging the government to ensure that girls who were taken into quarantined homes for sexual purposes are treated as victims and not offenders. Additionally, it is expected that pregnancy rate among girls will increase due to school closures.³¹

In **Somalia**, there have been reports of increased cases of female genital mutilation due to school closures, with reports of door-to-door FGM services.³²

In **Thailand**, data from the Department of Women's Affairs and Family Development (DWF) under the Ministry of Social Development and Human Security (MSDHS) revealed that rates of domestic violence nearly doubled in the wake of Covid-19 restrictive measures. Between the beginning of February and the end of April, there were 474 reported cases of domestic violence, considerably higher than the same period last year.³³

Stress exacerbated by the economic downturn and lockdown measures have been reported as the main cause behind the worsening domestic violence. Through a rapid needs assessment, Plan Thailand learned that Covid-19 has placed children, especially girls, in a particularly vulnerable situation by removing them from protective environments, such as school. School closures limit children's access to emotional support from teachers and peers.

²⁷ Information received from Defence for Children International.

²⁸ Information received from Defence for Children International.

²⁹ Information received from Defence for Children International.

³⁰ COVID-19 regional response update Middle East, Eastern and Southern Africa Region (MEESA), Plan International, May 2020.

³¹ Information received from Defence for Children International.

³² Girls in Somalia Subjected to Door-To-Door FGM, Plan International, May 2020, <https://plan-international.org/news/2020-05-18-girls-somalia-subjected-door-door-fgm>

³³ Information received from Plan International Thailand.

Latin America already has the highest rates of GBV in the world, with Argentina, Bolivia, Brazil, El Salvador, Mexico, and Peru accounting for 81% of all reported cases worldwide.³⁴ Between 30 and 60% of women in the region have been subjected to GBV by their partner or former partner.³⁵ 60% of women who have been murdered were killed in their own homes.³⁶

The majority of victims of sexual violence are girls. For example, in **El Salvador**, 75% of victims were girls under the age of 17, in **Honduras**, 83% of victims were girls aged 18 or younger, and in **Colombia**, 75% of victims were girls younger than 14. In 87% of cases, the perpetrator is well known to the victim.³⁷

Several countries indicated there was an increase of 20% in sexual violence against girls and women in May 2020 compared to May 2019, while some countries reported an increase of at least 25% in teenage pregnancies when compared to the same period in 2019. Domestic violence has also increased, with 70% of cases linked to economic problems.³⁸

Plan International has reported that:³⁹

- In **Bolivia**, according to the Specialized Prosecutor's Office for Crimes of Sexual Violence and Gender, between March 22 and May 3, there were 11 femicides, 1,370 cases of domestic violence, and 94 cases of child and adolescent rape.
- In **Brazil**, even before lockdown, there was an estimated total of 500,000 cases per year; on average, only 10% of cases are reported. Every hour, a girl younger than 18 becomes a victim of sexual violence while, every 4 hours, a girl younger than 13 becomes a victim of sexual violence.
- In **Colombia**, reports of domestic violence during lockdown have increased by 175% compared to the same period last year. 2,338 cases were reported of sexual violence against girls under the age of 14.
- In the **Dominican Republic**, the violence service of the Ministry of Women's Affairs, Línea Mujer, received 619 calls during the first 25 days of quarantine. 243 callers reported physical violence, 106 reported psychological violence, and 11 reported verbal abuse.
- In **Ecuador**, more than 7,954 complaints of gender violence have been reported, an average of 176 complaints per day, representing 8 people experiencing violence every hour since the quarantine began.
- In **El Salvador**, 75% of children and women are subjected to violence in their homes, representing an average of 1,271 cases of violence every day.
- In **Guatemala**, 347 medical examinations have been carried out in relation to sexual offences against children aged 0 to 14. Of those, 7 involved children aged less than one year, 31 were aged 1-4, 96 were aged 5-9, and 213 were aged 10-14.
- In **Honduras**, even before the pandemic, a woman was murdered every 23 hours, with 23,181 reports of domestic and family violence recorded in the first quarter of 2020. This represents 254 cases per day, or one report every 6 minutes.
- In **Mexico**, domestic violence calls to helplines went up by 60% in the first weeks of lockdown.
- In **Paraguay**, according to data from the Public Prosecutor's Office, between March 11 and April 17, 214 complaints of sexual abuse of children were received, an average of 7 children every day during quarantine. 19 women suffered violence every day.

³⁴ A Double Pandemic, Gender-Based Violence in Latin America and the Early Experience of Women during COVID-19, Wilson Center, May 2020, <https://www.wilsoncenter.org/article/double-pandemic>

³⁵ A Double Pandemic, Gender-Based Violence in Latin America and the Early Experience of Women during COVID-19, Wilson Center, May 2020, <https://www.wilsoncenter.org/article/double-pandemic>

³⁶ A Double Pandemic, Gender-Based Violence in Latin America and the Early Experience of Women during COVID-19, Wilson Center, May 2020, <https://www.wilsoncenter.org/article/double-pandemic>

³⁷ Gender Inequality and its Consequences: Gender-Based Violence, presentation by Plan International, May 2020.

³⁸ COVID-19 Emergency Response: Latin America and the Caribbean Report, Based on Internal Situation Report No. 12, Plan International, June 2020, <https://reliefweb.int/report/bolivia-plurinational-state/covid-19-emergency-response-latin-america-and-caribbean-report-0>

³⁹ COVID-19: Surge in Violence against Girls and Women in Latin America and the Caribbean Latin America, Plan International, May 2020, <https://plan-international.org/news/2020-05-19-surge-violence-against-girls-and-women-latin-america-and-caribbean>

- In **Peru**, following 9,812 calls to hotlines, 1,035 cases of violence against women were opened, representing an average of 23 daily cases of violence against women. More than 2,300 calls were made by children reporting attacks against their mothers or siblings, an average of 51 daily calls by children.

Enlace Continental de Mujeres Indígenas de las Américas has reported that:⁴⁰

- In **Chile**, during the first weekend of lockdown, the Ministry of Women and Gender Equality reported a 70% increase in calls made by women to their emergency helpline.
- In **Colombia**, according to the Colombian National Police Force, between March 20 and April 7, the emergency helpline received a daily average of 108 calls, a 100% increase compared with the period before lockdown, when the daily average was 54 calls. During lockdown, female victims of domestic violence were encouraged to hang a blouse in their window to signal distress.
- In **Guatemala**, the Office of the Public Prosecutor expressed concern due to the 75% reduction in GBV cases, considering that lack of public transportation and the curfew were making it difficult for women to seek help.
- In **Mexico**, in Oaxaca, a six-month-old baby girl was sexually assaulted and murdered and, in Veracruz, a 25-year-old woman was murdered during a robbery.
- In **Peru**, according to the Ministry of Women and Vulnerable Groups, there have been 4 femicides and 56 cases of sexual assault against children since the beginning of lockdown. Additionally, more than 10,000 calls were made to the emergency helpline.

2. Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?

In **Bangladesh**, helpline numbers are available, such as 109, 999, 16430, and 1098. However, awareness of these helplines is low. In addition, victim support services require expansion, as they are poor or absent in some areas.⁴¹

In **Cambodia**, there are hotlines available, 1280 and 115, but awareness needs to be increased and counselling services are not yet available in all Plan International programme areas.⁴²

In **Dominican Republic**, 19 women at high risk of extreme violence sought shelter with their children: 20 boys and 15 girls, a total of 54 people.⁴³

In **India**, helplines run by the governments and civil society are available. These helplines are operating but with limitations. They are receiving a large volume of calls but are not able to follow up on every call due to movement restrictions. New helplines have been established by the Psychologist Society of India and the Indian Medical Association, with the former institution also offering webinar sessions for psychosocial support. ChildLine India Foundation, an NGO, has a helpline 'CHILDLINE 1098', which is operational in 569 of India's 718 districts and at 128 railway stations. The helpline fields thousands of calls every day detailing child abuse, violence against children, and cases of runaway or missing children.

In **Jordan**, DCI social workers had to divert calls from the hotlines to their personal numbers to cope with the increase in emergency assistance requests. They also had to rent additional locations as shelters for women and girls who are victims of rape.⁴⁴

⁴⁰ Mujeres Indígenas de las Américas frente a la Pandemia del COVID-19, CHIRAPAQ Centro de Culturas Indígenas del Perú y el Enlace Continental de Mujeres Indígenas de las Américas (ECMIA), May 2020, <https://www.iitc.org/wp-content/uploads/Informe-COVID19-ECMIA.pdf>

⁴¹ Information received from Plan International Bangladesh.

⁴² Information received from Plan International Cambodia.

⁴³ Gender Inequality and its Consequences: Gender-Based Violence, presentation by Plan International, May 2020.

⁴⁴ Information received from Defence for Children International.

In **Lebanon**, reporting mechanisms are available but there is a low level of awareness among girls and women. Only 52% of caregivers and 44% of adolescents who were surveyed by Plan International were aware of reporting mechanisms.⁴⁵

In **Liberia**, there is a National COVID 19 helpline in place (4455) which is the central platform for reporting all incidences of violence, child protection issues, Maternal Health and all suspected cases of COVID-19. When calls are received at the centre, they are referred to the appropriate SGBV/MCH call line (116). The 116 line was implemented by the Ministry of Gender, Children and Social Protection who work with partners of the Women, Girls and Children pillar to provide capacity to answer calls.⁴⁶

In **Mauritania**, DCI reported an increased number of calls related to sexual abuse and rape of very young girls, with some victims younger than five years old. The children's rights helpline and Socio-Legal Defence Centres remain active and continue to monitor violations of girls' rights.⁴⁷

In **Papua New Guinea**, the government has put in place numerous legislative and policy frameworks to end violence against women and girls such as the Family Protection Act (2017), the Lukautim Pikinini Act (2015), and the National Strategy to Prevent and Respond to Gender-Based Violence (2016-2025). These mandate the establishment of a response and prevention mechanism with the support and direction of the Provincial GBV Secretariat together with the Family Sexual Violence Action Committee (FSVAC). Quality of support is inconsistent across multi-referral service agencies, such as Family Support Centres (FSCs), Family and Sexual Violence Units (FSVUs), safe houses/shelters, and helplines. Therefore, there is a significant gap between the demand and accessibility and availability of services especially in remote rural areas, such as the Autonomous Region of Bougainville. There is no hotline available in the region, and limited coordination with the national-level 1 Tok Helpline.⁴⁸

In **Thailand**, the government helpline remains operational and additional staff has been assigned to handle the increasing number of calls. The DCY utilizes the Children and Youth Councils, which exist in 7,777 sub-districts countrywide, as a voluntary coordination mechanism for the provision of advice and assistance to people in need. Several NGOs have been promoting alternative reporting pathways, especially online counselling and hotline services, as well as raising awareness and sharing information via social media platforms.⁴⁹

3. Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?

In **Liberia**, as a result of continuous advocacy by CSOs, stakeholders, and service providers, women and girls have been allowed to access GBV services despite confinement measures. NGOs and community members with access passes have facilitated access to services for women and girls.⁵⁰

4. Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?

In **Liberia**, Safe Homes in Margibi and Montserrado Counties are still open and providing temporary protection services to survivors of GBV.⁵¹

In **Mexico**, many shelters are run by civil society organisations. It was reported that government funding for shelters for Indigenous and Afro-Mexican women was withdrawn.⁵²

⁴⁵ COVID-19 Multi-Sectoral Needs Assessment: Lebanon, Plan International, May 2020, <https://plan-international.org/publications/covid-19-multi-sectoral-needs-assessment>

⁴⁶ Information received from Plan International Liberia.

⁴⁷ Information received from Defence for Children International.

⁴⁸ Information received from Plan International Australia.

⁴⁹ Information received from Plan International Thailand.

⁵⁰ Information received from Defence for Children International.

⁵¹ Information received from Plan International Liberia.

In **Papua New Guinea**, in the Autonomous Region of Bougainville, prior to COVID-19, services like Sauf Haus, Men’s Hub, the counselling centre, and the family support centre were open to receive clients/survivors and usually ran from Monday-Friday, 8am-4pm BST. Sometimes the services opened during weekends depending on the needs of clients.

The family support centre was temporarily closed due to state of emergency restrictions. The officer was initially instructed to work from home, but later received a memo from the Port Moresby Family Sexual Violence Unit, advising that the centre provides an essential service and should reopen. One victim of rape and one victim of incest were referred from the outpatient service to family support centre staff for assistance. They received medical and psychological first aid, and STI and pregnancy prevention support. One victim was referred to a safe house, and the other returned home.

Functioning of Sauf Haus, Men’s Hub, and the counselling centre has been severely impacted, due to movement restrictions. This includes difficulties encountered in transporting clients to safe houses as it was no longer possible to walk due to lockdown restrictions. These centres were also instructed not to receive clients due to the prevention measures not being fully understood. In addition, they face financial difficulties, impacting their ability to maintain communications. Food rations, normally provided by the government, have stopped.

One woman facing family violence was reported to have sought assistance from the Nazareth Centre for Rehabilitation during COVID 19 but could not access the service due to the lockdown. She is receiving counselling support from a community counsellor. There are believed to be many cases of victims who do not have access to referral services due to lockdown measures.

The Arawa Family Sexual Violence Unit has not received any reports of GBV cases since the state of emergency was declared. The nursing officer for the family support centre was moved to the hospital, leading to disruption in services as both clients and staff were not always aware that she had been relocated. The family support centre was due to reopen on 11 May. Usually, the centre receives an average of 5-6 clients per week. 30 cases were treated in February 2020: 20 new cases and 10 follow-up cases. Most cases involved victims of sexual and domestic violence.

The Buka Family Sexual Violence Unit has not conducted GBV prevention campaigns, instead focusing on raising awareness of COVID-19 prevention and lockdown measures. The unit has 3 officers, 2 female and 1 male. Its only vehicle was sequestered for use in implementing lockdown measures. It has not been able to carry out arrests related to GBV due to lack of detention facilities, instead cautioning perpetrators.⁵³

In **Thailand**, government-run shelters remain open and accessible to survivors.⁵⁴

5. Are protection orders available and accessible in the context of the COVID-19 pandemic?

In **Liberia**, access to protection orders for survivors of domestic violence was already difficult prior to COVID-19, if not impossible, due to the weak legal and judiciary system that exists in Liberia. As a result, the majority of women still live with their abusers.⁵⁵

6. What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?

⁵² Mujeres Indígenas de las Americas frente a la Pandemia del COVID-19, CHIRAPAQ Centro de Culturas Indígenas del Perú y el Enlace Continental de Mujeres Indígenas de las Américas (ECMIA), May 2020, <https://www.iitc.org/wp-content/uploads/Informe-COVID19-ECMIA.pdf>

⁵³ Information received from Plan International Australia.

⁵⁴ Information received from Plan International Thailand.

⁵⁵ Information received from Plan International Liberia.

In **Egypt**, DCI observed disruptions to the juvenile justice system with courts suspended, no consideration of cases, and no follow-up on investigations.⁵⁶

In **Greece**, DCI reported that a key concern is prolonged detention under protective custody, as well as a lack of reporting of incidents of violence and abuse, which results in impunity for such violations of girls' rights.⁵⁷

In **Liberia**, families of GBV survivors often do not seek justice through the court system due to lack of funds. Women's and families' income levels have been reduced due to the COVID 19 pandemic.⁵⁸

In **Papua New Guinea**, in the Autonomous Region of Bougainville, the government closed most official departments, including the courts.⁵⁹

In **Sierra Leone**, the state of emergency is having a direct impact on justice for children, according to DCI. It is difficult to support family tracing, reunification, or reintegration of children in conflict with the law. This is largely due to restrictions on movement and physical distancing requirements.⁶⁰

7. What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.

In **Cambodia**, 4.7% of respondents to the rapid assessment survey reported losing access to SRH services.⁶¹

In **Jordan**, access to SRH services has been hindered; women and girl survey respondents reported a 10% reduction in the level of information on how to access SRH services during the lockdown. The survey showed a 10-20% increase in the number of women and girls with no access to family planning counselling. Common contraception methods, such as the contraceptive pill and condoms, continue to be available in pharmacies.⁶²

In **Liberia**, all services are still open; however, reaching these services is difficult since people face an increase in transportation costs due to COVID 19.⁶³

In **Papua New Guinea**, in the Autonomous Region of Bougainville, health services have been disrupted, including the GBV referral services.⁶⁴

In the **United States of America**, several states have deferred or restricted access to abortion services, deeming them non-essential. Members of the UN Working Group on Discrimination against Women and Girls issued a statement on Wednesday expressing regret that states such as Texas, Oklahoma, Alabama, Iowa, Ohio, Arkansas, Louisiana and Tennessee "appear to be manipulating the crisis" to curb women's reproductive rights.⁶⁵ There are reports of clinics being shut during lockdown.⁶⁶

⁵⁶ Information received from Defence for Children International.

⁵⁷ Information received from Defence for Children International.

⁵⁸ Information received from Defence for Children International.

⁵⁹ Information received from Plan International Australia.

⁶⁰ Information received from Defence for Children International.

⁶¹ Information received from Plan International Cambodia.

⁶² Daring to Ask, Listen and Act: A Snapshot of the Impacts of COVID-19 on Women's and Girls' Rights and SRH, Plan International, April/May 2020, <https://plan-international.org/publications/impacts-covid-19-girls-rights-and-reproductive-health>

⁶³ Information received from Plan International Liberia.

⁶⁴ Information received from Plan International Cambodia.

⁶⁵ US States 'Manipulating' COVID-19 Pandemic to Restrict Abortion Access, Rights Experts Charge, UN News, May 2020, <https://news.un.org/en/story/2020/05/1064902>

⁶⁶ U.S. States Accused of Using COVID-19 to Close Abortion Clinics, Reuters, March 2020, <https://www.reuters.com/article/us-health-coronavirus-abortion-usa-trfn/us-states-accused-of-using-covid-19-to-close-abortion-clinics-idUSKBN21H3FF>

8. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.

In general, girls and young women often have less access to technology and the internet than boys and men. Particularly in developing countries, they struggle to afford technology and internet access. The gendered digital divide remains largest in the world's least developed countries at an estimated 33%.⁶⁷ This is likely to have negatively affected their ability to seek assistance from outside the home in event of experiencing violence.

In **Jordan**, girls and women reported that accessing GBV and SRH (SRH) services had become more difficult since the pandemic. Some girls and women report having used virtual GBV and SRH services. Although virtual services are not considered a long-term substitute for in-person services, girls and women who used them generally reported that they were helpful. Adolescent girls and adult women were most likely to access virtual services, at 48% and 49% respectively, while young women (aged between 18 and 24) were less likely, at 38%.⁶⁸

Girls and women in Jordan were far less likely than boys and men to access income-generating activities and material assistance across all age groups. For example, only 7% of adolescent girls reported accessing IGA or material assistance in comparison to 24% of adolescent boys. Inhibited access to assistance renders girls and women especially vulnerable to dependency on their family, partners, and/or aid agencies, intensifying their vulnerability to exploitation.⁶⁹

In **Liberia**, training for service providers, including community health care workers, does not include training on domestic violence prevention and response mechanisms. Movement restrictions and physical distancing requirements limit NGOs' ability to raise awareness of domestic violence and highlight appropriate referral pathways.⁷⁰

9. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.

In **India**, the government is responding to calls but law enforcement agencies are overstretched by efforts to maintain the lockdown and emergency reinforcements have been mobilised. Due to the circumstances, the government has asked the helplines to document the cases and share the details with local police, who send an officer to offer support to the victim; this role was previously played by a counsellor. In the event that the victim needs to leave the home, police facilitate their evacuation. The government has taken note of advisories issued by the National Commission for Protection of Child Rights (NCPCR) and the National Commission of Women (NCW). The NCPCR has also issued an advisory on ensuring online safety for students, as reports suggest that children taking online classes are vulnerable to online violence.⁷¹

In **Ireland**, access to essential SRH services, including access to safe abortion, has been facilitated through the provision of telehealth services.⁷²

⁶⁷ ICT Facts and Figures 2017, International Telecommunication Union, 2017: <https://www.itu.int/en/ITU-D/Statistics/Documents/facts/ICTFactsFigures2017.pdf>

⁶⁸ Daring to Ask, Listen and Act: A Snapshot of the Impacts of COVID-19 on Women's and Girls' Rights and SRH, Plan International, April/May 2020, <https://plan-international.org/publications/impacts-covid-19-girls-rights-and-reproductive-health>

⁶⁹ Daring to Ask, Listen and Act: A Snapshot of the Impacts of COVID-19 on Women's and Girls' Rights and SRH, Plan International, April/May 2020, <https://plan-international.org/publications/impacts-covid-19-girls-rights-and-reproductive-health>

⁷⁰ Information received from Defence for Children International.

⁷¹ Information received from Plan International India.

⁷² Press Release: Abortion Rights Campaign Welcomes Remote Consultation in the Republic, April 2020, <https://www.abortionrightscampaign.ie/2020/04/08/press-release-abortion-rights-campaign-welcomes-remote-consultation-in-the-republic-but-says-urgent-action-is-needed-to-ensure-access-in-northern-ireland/>

In **Liberia**, the government has created the Women, Girls and Children pillar. Planned activities include a national call centre but, as of June 2020, this has yet to be implemented.⁷³

In **Papua New Guinea**, in the Autonomous Region of Bougainville, the government established a centralised COVID-19 coordination committee in each region, led by the Department of Health, and with participation of key government agencies, civil society organisations, and public institutions. A Women Peace and Security Working Group (WPSWG) has been established to raise awareness of gender issues during the COVID-19 pandemic, and to involve women's rights organizations in planning and decision-making. The WPSWG will encourage Members of Parliament to take action against discrimination, including by enacting legislation.⁷⁴

In the **United Kingdom of Great Britain and Northern Ireland**, access to essential SRH services, including access to safe abortion, has been facilitated through the provision of telehealth services.⁷⁵

10. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.

Predating the COVID-19 pandemic, the GAA promotes the rights of girls and young women by empowering and supporting young advocates to engage with the Treaty Bodies, Special Procedures, and other accountability mechanisms on issues related to GBV and economic exclusion. It is an initiative of Plan International Netherlands, Terre des Hommes Netherlands, and Defence for Children - ECPAT Netherlands, in cooperation with the Dutch Ministry of Foreign Affairs. The GAA programme runs from 2016 to 2020 in ten countries in Asia and Africa: Bangladesh, India, Nepal, the Philippines, Ethiopia, Ghana, Kenya, Liberia, Sierra Leone, and Uganda. More information on specific activities in countries can be provided upon request.

The GAA supports youth advocates to deliver their advocacy messages at local, national, regional, and international levels, and provides information and capacity building to girls and young women who are rights advocates. They hold dialogues in their countries with political, religious, and traditional leaders on issues that affect them, including economic exclusion, teenage pregnancies, commercial exploitation, and child marriage. They engage at the international level by submitting shadow reports or making oral statements to bodies such as the UN Committee on the Rights of the Child, Committee on the Elimination of Discrimination against Women, and the High Level Political Forum.

Using the GAA toolkit and resources, youth advocates develop a joint advocacy strategy targeting the relevant power-holders and identifying the most effective ways to deliver their messages. They organise activities to promote their rights and influence decision-makers to implement the 2030 Agenda. They deliver media messages and meet with people in their community to raise awareness. The GAA strives to ensure that participation is meaningful, safe, and impactful. We carry out our activities in line with child protection and safeguarding requirements.

Girls Out Loud is an innovation project implemented by Plan International providing private online spaces for girls to freely and safely discuss the issues that are important to them. The girls have access to private, moderated Facebook and Instagram groups. The project is currently in five countries and will soon be scaled up and expanded to others.⁷⁶

In **India**, NGOs and NHRIs have incorporated special counselling and reporting services to their helplines. They document any incident and taking it up on the priority basis. Also, different specialized organizations Indian Medical Association, and various industry coalitions have coordinated to provide food support to families who are in desperate need.⁷⁷

⁷³ Information received from Plan International Liberia.

⁷⁴ Information received from Plan International Australia.

⁷⁵ England Leads Way in UK after U-Turn on COVID-19 Abortion Access, Human Rights Watch, March 2020, <https://www.hrw.org/news/2020/03/31/england-leads-way-uk-after-u-turn-covid-19-abortion-access>

⁷⁶ More details can be provided upon request.

⁷⁷ Information received from Plan International India.

In **Liberia**, seven NGOs, under the banner of the Ending Violence against Women and Girls Cluster, have strengthened their collaboration and released a joint statement on responding to and preventing sexual and gender-based violence during the time of COVID 19.⁷⁸ The Cluster comprises ActionAid, International Rescue Committee, Kivina Til Kivina, Medical Liberia, Oxfam, Plan International Liberia, and Tearfund.⁷⁹

In **Mauritania**, DCI participated in two television programs and the production of two videos to create awareness of fake news that has been widely published on social networks during and about COVID-19. The campaign also distributed food products to 900 poor and confined families and 8,000 awareness flyers. This kind of direct assistance help families to cope with the economic recession which is a risk factor for increased domestic violence. DCI-Mauritania continued projects to provide care and counselling to victims of sexual violence through the EL Wafa Centre and the children's helpline. The helpline was adapted to COVID-19, and has been contacted by 14 boys and 18 girls seeking information about the pandemic.⁸⁰

11. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.

Pandemics and Violence against Women and Children outlines nine main pathways linking pandemics and violence against women and children. These are: 1) economic insecurity and poverty-related stress; 2) quarantines and social isolation; 3) disaster and conflict-related unrest and instability; 4) exposure to exploitative relationships due to changing demographics; 5) reduced health service availability and access to first responders; 6) inability of women to temporarily escape abusive partners; 7) virus-specific sources of violence; 8) exposure to violence and coercion in response efforts; and 9) violence perpetrated against health care workers.⁸¹

The pandemic and related restrictions have led to greater uncertainty, stress, and health and psychological risks for women and girls, many of whom already faced the challenges of entrenched gender inequality and discrimination. Adolescent girls are worried about their future ambitions as their mobility, ability to go to school, and social supports and connections have dramatically reduced. This loss of opportunity and personal power places them at greater risk of exploitation and disempowerment, with men, boys, or others in positions of power taking control and making decisions for them. Lack of economic independence is a risk factor for women and girls, and economic insecurity is also a root cause of violence as it increases stress and leads to violence.

Women and girls of minority or marginalized groups are at a greater risk of violence. Children and families affected with disabilities and health impairments are also likely to experience increased violence. The use of armed forces and military police to enforce lockdown measures exposes women to increased risk of violence and detention. For example, in **Chile**, in the Temuco commune, Mapuche women who travelled to the city centre to sell vegetables were detained by Special Forces personnel.⁸²

Online GBV is an increasing risk in the context of the general shift towards more online activity. Women are 27 times more likely than men to be harassed online⁸³ and almost three quarters of women have experienced some form of online violence.⁸⁴

⁷⁸ Liberia: Preventing and Responding to Sexual and Gender Based Violence During COVID-19, Ending Violence against Women and Girls Cluster, April 2020, <https://allafrica.com/stories/202004240445.html>

⁷⁹ Information received from Plan International Liberia.

⁸⁰ Information received from Defence for Children International.

⁸¹ Amber Peterman, Alina Potts, Megan O'Donnell, Kelly Thompson, Niyati Shah, Sabine Oertelt-Prigione, and Nicole van Gelder, *Pandemics and Violence against Women and Children*, Centre Global Development, <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>

⁸² Mujeres Indígenas de las Américas frente a la Pandemia del COVID-19, CHIRAPAQ Centro de Culturas Indígenas del Perú y el Enlace Continental de Mujeres Indígenas de las Américas (ECMIA), May 2020, <https://www.iitc.org/wp-content/uploads/Informe-COVID19-ECMIA.pdf>

⁸³ #DigitalRespect4Her Factsheet, European Commission, 2019: <https://ec.europa.eu/digital-single-market/en/news/digitalrespect4her-factsheet>

There have been reports of diversion of funding from GBV and SRH services to the COVID-19 response. As SRH services are curtailed, women and girls also risk losing control over their bodies, their health is being placed at risk and their agency over their lives and futures is being curtailed. For women and girls who have endured displacement, whose traditional support networks have already been eroded, the pandemic has brought with it further loss of control.

⁸⁴ UN broadband Commission for digital development, 2015. <https://www.unwomen.org/en/news/stories/2015/9/cyber-violence-report-press-release>

HEAR IT FROM THE GIRLS

Around the world, girls and young women are raising their voices to highlight the concerns they have for themselves and their communities, including the increased risk of gender-based violence and exploitation.

- In [this video](#), girls living in Canada, Ecuador, Egypt, Ethiopia, Finland, Guatemala, India, Jordan, Malawi, Nepal, Netherlands, Paraguay, Sweden, and Zimbabwe shared their fears and advice.
- In [this podcast](#), Zahara, a GAA youth advocate from Uganda, speaks with UNFPA Executive Director Natalia Kanem and Plan International CEO AB Albrechtsen about the impact of COVID-19 on girls and young women, and how those living in rural areas are particularly affected.
- Below are direct quotes from girls living in Bolivia, Brazil, Dominican Republic, Ecuador, El Salvador, Guatemala, India, Nepal, Nicaragua, Paraguay, and Peru.

Ana (16, Dominican Republic):

"...I feel very concerned because there are so many people who are dying around the world and in the country. I am also concerned that in my community there are also cases of coronavirus..."

Betsabé (15, Peru):

"There are many girls who are being physically and psychologically abused. And this information is not coming out, they only talk about COVID, but they don't talk about the cases of violence."

Bianca (12, Peru):

"I am worried about children and women who are suffering from different types of violence during insolation because they cannot leave home and cannot tell anybody."

Heidy (15, Guatemala)

"Raise your voice, don't become victims of violence at home. In this quarantine, we girls don't want anybody to take advantage of our vulnerability, because we are valuable and have the right to be heard."

Islany (17, Brazil):

"The negative side of all this is the fact that everybody is at home, increasing domestic violence. People are being forced to spend more time together, and many incidents take place at home. Sadly, there are no ways to report this because these families are not willing to live with the consequences and end up taking the hardest decision: to remain silent and trying to live together."

Kamala (Nepal):

"I would like to request for governments to set up a hotline number for girls to get answers to their questions and rid of any form of violence they may face during lockdown."

Neha (Nepal):

"I feel restless and I'm really worried about how we will cope if cases keep on increasing and I'm also worried that girls and women might be victims of various kinds of violence."

Bathsheba (15, Peru):

"There are many girls who are being violated physically and psychologically. And this information is not coming out, they only talk about the COVID, but they don't talk about the cases of violence."

Lucia (17, Paraguay):

"Right now, I feel uncertain because I cannot know all the consequences that will be left when this is over, nor what many girls are suffering in their homes, surrounded by abuse or violence."

Mareling (23, Nicaragua):

"Domestic violence and sexual abuse by family members are rising since the victims are in lockdown 24/7 with their aggressors, and since we're all concerned about health and economic issues, we're kind of leaving this worrying part out."

María Rene (23, Bolivia):

“I am concerned about women who are living with their aggressors, [aggressors] who are mistreating them, who are beating them, who are killing them. Because in during the quarantine, women also get murdered. I am concerned about the vulnerability of girls in this situation [of lockdown]”.

Miriam (18, Guatemala):

“We believe that home is a safe place, but it’s actually an unsafe place for us girls.”

Mirtha (19, Bolivia):

“... of the many problems that really worry me, one of is the issue of the social inequalities that we can see on a daily basis and which have brought up the situation we are in,... that the women, girls and people who are victims of violence in general, are now experiencing a double emergency, not only because of COVID-19, but also because they are living with their aggressors.”

Pari (17, India)

“The four walls of our house have become a forbidden boundary. My message to other girls is that you must not stay silent.” says 17-year-old Pari from India.

Samya (21, Ecuador):

“It is sad and painful to hear that there is so much violence against girls and women... It is a more painful disease than this virus. In remote communities, they don’t pick up the mobile phone signals and don’t have phones or cell phones to seek help.”

Vilma (13, El Salvador):

“The problem that concerns me the most is that a girl or a woman is suffering verbal, psychological, sexual, or physical violence.”

Virginia (19, Bolivia):

“...we are exposed to any kind of violence in which we, as girls or women, must not remain silent because our voice holds is the power to stop any kind of violence. Take care of yourself today, so that tomorrow we will all be together again.”