

Responding to rising intimate partner violence amid COVID-19

A rapid global review



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Acknowledgments

This paper is based on an initial research survey undertaken by Sara K. Andrews, Ileana Blanco, Leena Chopra, Georgia Jolink, Amala Nath, Nicole Perkins, Bing Sun and Taylor Wemmer (DLA Piper/New Perimeter). Further research assistance was provided by Nur Kara and Amanda McCaffrey (DLA Piper/New Perimeter).

The authors wish to thank Diana Jimena Arango, Senior Gender-Based Violence and Development Specialist at the World Bank, for her extensive review of and invaluable comments on an earlier draft.

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EXECUTIVE SUMMARY

Worsening rates of intimate partner violence (IPV) during the COVID-19 pandemic have given rise to a range of responses by governments and civil society organizations around the world. Our rapid review of published and gray literature highlights a number of interventions that are both innovative and hold promise, from efforts to increase awareness and reporting of abuse, to ensuring access of survivors to support services, health sector responses, and reforms designed to improve the delivery of justice.

Given the complexity of the underlying drivers of IPV, appropriate responses need to cover multiple sectors, with civil society and women's organizations playing a critical role. There is encouraging evidence of innovative public-private partnerships being used to rapidly mobilize resources and deliver urgently needed services.

The most promising responses of governments and civil society organizations fall under a series of fronts, which will often need to be addressed concurrently, depending on the context. The emerging priorities have become especially acute in the midst of the pandemic – when some women are locked down with perpetrators. Many of these responses hold true for the longer term, beyond the lockdown and pandemic:

1. Boosting public awareness and outreach. Public awareness campaigns about the risk of violence, options for survivors, and how to respond should make broad use of digital and social media, alongside traditional avenues of communication such as print and radio to reach women lacking digital access.

2. Innovating mechanisms available for reporting. Especially in the context of lockdowns, important innovations for reporting have included targeted technologies like IPV-specific mobile applications with enhanced safety features, and non-traditional ways for survivors to seek help confidentially, including code words and signals.

3. Expanding housing and shelter options. To enable survivors to leave abusive relationships, alternative housing options are needed. Efforts on this front have included public-private partnerships with hotels, as well as enabling traditional shelters to remain open during the pandemic and extending public housing benefits to IPV survivors.

4. Ensuring adequate health sector responses. Services for survivors, including psycho-social services, need to be regarded as essential. Healthcare providers should be sensitized to recognize IPV risk factors and adapt responses to the needs of survivors.

5. Fostering economic independence. Given the link between economic stressors during the COVID-19 pandemic and increased risk of IPV, social protection and assistance programs should explicitly consider ways to reduce the risk of violence.

6. Supporting law enforcement and judicial interventions. Pathways to justice for IPV survivors should remain open during the pandemic – including keeping courts open for IPV matters and relaxing procedural rules to permit survivors to file and/or appear in court from a remote setting.

7. Advancing monitoring and evaluation efforts. It is important to continue multilateral efforts to track innovations and good practice and to capture evidence about the efficacy of interventions and responses.

1. Introduction

The global spread of COVID-19 has profoundly disrupted people's lives and shattered the health and economic security of millions of people around the world. Looming in the background of this crisis is what UN Women has termed a "shadow pandemic" of increased gender-based violence committed by and against intimate partners, most frequently women.¹

Violence against women tends to increase during emergencies and times of stress, including pandemics.² COVID-19 created a "perfect storm"³ of conditions that enable and incite intimate partner violence (IPV).⁴ Measures undertaken by governments to control the spread of the pandemic, including quarantine mandates and social distancing directives, have had adverse repercussions associated with growing social isolation and economic instability. During a time of financial and emotional strain, lockdowns confine women with their potential abusers. Economic hardships have also made it more difficult for some women to extricate themselves from dangerous environments.⁵ Schools and daycares shutter, and it becomes harder to access health, social and justice services.⁶ Because many primary caregivers, predominantly women, are forced to leave the workforce due to lack of childcare, this compounds isolation and economic dependence on potential abusers. As people's worlds become smaller, many external avenues of support are cut off or restricted.

While numbers vary,⁷ reports from service providers and domestic violence hotlines around the world tend to show an increase in reporting of incidents of IPV following the first wave of COVID-19 lockdowns.⁸

Violence against women tends to increase during emergencies and times of stress, including pandemics. COVID-19 created a "perfect storm" of conditions that enable and incite intimate partner violence (IPV).

This may well have continued or been exacerbated during successive waves of restrictions on movement.

This rapid review is designed to inform about the responses of governments and civil society organizations, highlighting the interventions that appear to have been the most effective. It is based on a desk review of published and gray literature, newspaper articles, blogs, reports and statements. It is not meant to provide a comprehensive survey of the range of all possible interventions, but rather to shed light on innovations in a few key areas. **Section 2** provides an overview of reports about higher IPV prevalence. **Section 3** outlines efforts to increase awareness and reporting of abuse, including public awareness campaigns and the expansion of reporting avenues. **Section 4** covers some notable developments in the delivery of support services, including access to accommodations and support centers. **Section 5** focuses on select health sector responses. **Section 6** reviews interventions focused on economic autonomy and livelihood. **Section 7** examines the role of justice actors, including law enforcement and the judiciary. Finally, **Section 8** provides emerging conclusions and recommendations.

2. Rising reports on intimate partner violence in 2020

Prior to the pandemic, it was estimated, based on representative population-based survey data, that nearly a third (30 percent) of women globally experienced physical or sexual violence in their lifetime at the hands of an intimate partner.⁹

Obtaining an accurate, current picture is challenging, however. IPV incidents are generally underreported to authorities for a number of reasons, including fear of retaliation, lack of confidence in justice systems and shame. Pre-COVID-19, fewer than 40 percent of women who experienced violence sought help or reported the incident, and less than ten percent of those women contacted the police.¹⁰

Some of the first indications of a possible rise in IPV coinciding with COVID-19 were seen in increased outreach by women to service providers and hotlines at the outset of the pandemic.

While the circumstances accompanying COVID-19 have made it even harder for women to report IPV and seek assistance, there is growing consensus that the pandemic has exacerbated IPV around the world. Women who were already vulnerable, including those who are displaced, migrants or refugees, living in conflict-affected areas, older women, and women with disabilities are particularly at risk.¹¹ Risk factors like economic stress have also worsened in many households.

Some of the first indications of a possible rise in IPV coinciding with COVID-19 were seen in increased outreach by women to service providers and hotlines at the outset of the pandemic. In **Tunisia**, during the first five days of lockdown, calls to a hotline for survivors of IPV increased fivefold.¹² An anti-domestic violence nonprofit based in Hubei Province in **China** received triple the number of calls in February 2020 as compared to the previous year.¹³ In April 2020 compared with April of 2019, **Argentina's** emergency line for reporting IPV received a 67-percent increase in calls,¹⁴ and calls to domestic violence hotlines in **Europe** increased by approximately 60 percent.¹⁵ In **Russia**, where IPV

has been decriminalized since 2017, calls to hotlines doubled in between March and April of 2020.¹⁶

Reports to hotlines and social services providers are not always an accurate indicator of rates of violence, however, and some cities experienced significant drops in the volumes of calls to hotlines, a phenomenon service providers attribute in part to the difficulty of connecting with services during lockdown.¹⁷ As noted above, reports to police, government authorities and health care providers cannot provide a complete picture, as there are cultural, logistical and psychological reasons why women might be hesitant to contact law enforcement or seek medical care. But these reports can provide some indications of trends.

In **South Africa**, the police minister reported that within the first seven days of lockdown, police had received more than 87,000 gender-based violence complaints.¹⁸ **India's** National Commission of Women recorded nearly double the number of domestic violence cases in March through April of 2020 as compared to a similar period prior.¹⁹ In **Thailand**, the number of clients visiting domestic violence crisis units in hospitals in April 2020 was more than double the number from the same time period of the previous year.²⁰ And a study of a prominent academic hospital in the **United States** showed an increase in incidents and the severity of physical trauma in patients due to IPV during the spring of 2020 as compared to the previous three years.²¹

Given the hesitancy of many women to use formal reporting mechanisms to report abuse, anecdotal reports gleaned from confidential interviews with vulnerable populations and service providers can prove useful. Here too, social service and advocacy organizations are reporting an increase in IPV following the global outbreak of COVID-19. In **Lebanon**, more than half of vulnerable women, mostly refugees, surveyed by an international humanitarian organization, reported an increase in violence and harassment during the pandemic.²² A community-based survey of women in a town in northern **Ethiopia** found that nearly a quarter of women of reproductive age experienced IPV in April and May of 2020.²³

While comprehensive data on the numbers of women experiencing IPV during the pandemic is not available, the formal reports and anecdotal information do indicate a worsening situation.

This has prompted a number of governments and civil society organizations around the world to respond, both by ramping up existing programs focused on IPV and by devising new and creative approaches to encourage reporting, support survivors and enable them to seek justice. Multilateral institutions have begun to collect and categorize some of this information as part of broader efforts to aggregate gender-based interventions. For example, UN Women and UNDP created an extensive database of policy measures enacted by governments worldwide impacting women and girls.²⁴ In addition, the World Bank has created a spreadsheet listing government and civil society interventions aimed at addressing violence against women and girls during the pandemic.²⁵ Drawing on these and other sources, this paper focuses on government and civil society responses related to IPV during the COVID-19 pandemic, including some initiatives carried out through public-private partnerships.

3. Increasing awareness and reporting, and facilitating access to support

An important element in preventing and responding to IPV is raising awareness about risk factors and encouraging survivors to seek support. This can be pursued in part via media outreach efforts, including the use of digital and social media, as well as the traditional channels of radio, television and printed materials. The latter are especially important for women who are economically disadvantaged and often digitally excluded. Hotlines, a long-established form of access, have been complemented in a number of countries by innovative approaches that allow confidential reporting using mobile applications (apps).

3.1 Public awareness campaigns

Recognizing the critical need to connect IPV survivors with assistance, governments and social services providers have developed innovative outreach campaigns during the pandemic. While more work needs to be done to assess the efficacy of these strategies, they serve as examples of creative ways to help connect survivors to vital resources.

Social media campaigns

Governments and civil society organizations are taking advantage of the popularity and widespread use of social media platforms to launch virtual public awareness campaigns on IPV. Social media is a powerful tool to reach large numbers of people and promote solidarity and support around a particular issue. Social media enables two-way communication in real-time, which encourages engagement.²⁶ IPV-focused social media campaigns during the pandemic have been generated by both governments and NGOs. They have sought to inform, engage and connect survivors to services, and appear to have reached a broad audience.

In **China**, survivors, activists, and nonprofit organizations created the hashtag “#AntiDomesticViolenceDuringEpidemic” (#疫期反家暴#) on Sina Weibo, a Chinese social media platform similar to Twitter, to raise awareness and to support survivors.²⁷ These posts highlight IPV and child abuse, among other related subjects.

The government of **Ireland**, through the Department of Equity and Justice, launched “Still Here,” a TV, radio and social media public awareness campaign on IPV during the pandemic.²⁸ A YouTube video posted by the Department of Justice of Ireland, which has garnered almost 1.5 million views, depicts a dramatization of IPV, including hotline information and the Still Here website at the end of the video.²⁹ A UN Women campaign in **Kosovo** called “Report Violence, Save Lives,” which likewise seeks to encourage reporting of IPV, features videos from influencers, civil society leaders, and government figures.³⁰ The campaign reached more than 1 million social media users in the two weeks after it launched in April 2020.³¹

UN Women and UNDP created an extensive database of policy measures enacted by governments worldwide impacting women and girls.

In the **Democratic Republic of the Congo**, women’s rights advocacy groups organized social media campaigns to promote positive messages about men contributing equally to household work and childcare and to suggest healthy ways for families to address feelings of frustration.³² Similarly, a youth

organization called Taller de Vida (Life Workshop) in **Colombia** has performed online skits to demonstrate ways to de-escalate family conflicts.³³

Social media campaigns have also been used to direct survivors to resources and support. The government of **Bolivia**, with support from UN Women, disseminated a guide via social media which provides information about reporting IPV and accessing support services.³⁴ **Jordan's** National Commission for Women circulated a similar Guidance Note on social platforms.³⁵ In **Sri Lanka**, the Asia Foundation and a non-governmental organization (NGO) called Women in Need launched a social media campaign to advertise hotline numbers for survivors of IPV.³⁶ And in **Cameroon**, youth association leaders joined with the United Nations Population Fund (UNFPA) to lead a social media campaign called "14 Jours Sauvent Ta Vie" (14 Days Save Your Life), which made IPV resources available to more than 74,000 people.³⁷

Mobile phones

Governments and civil society actors have also used SMS messaging for mass outreach efforts. In **Iran**, the State Welfare Organization sent a text blast to mobile phone users urging IPV survivors to call the Organization's Counseling and Psychological Affairs Department on a dedicated hotline,³⁸ and UNFPA and partner organizations sent 240,000 text messages to **Libyan** recipients to raise awareness of IPV in the context of COVID-19.³⁹ A joint initiative between UNFPA, UN partner organizations, the mobile phone carrier Africell SL, and the government of **Sierra Leone** sent SMS and voice messages containing information on several public health subjects to at least 600,000 cell phone users.⁴⁰

The use of printed materials is a critical way to reach those who have limited access to electronic resources.

Traditional media channels

Countries have also used more traditional forms of media, such as television and radio, to raise awareness about domestic violence during the pandemic. For example, in **Brazil**, media companies collaborated with UN Women to launch a national awareness campaign about domestic abuse on TV.⁴¹ Dramatic, commercial-length films highlighted the prevalence of IPV and encouraged reporting.

The campaign was also promoted on social media. Admonitions from heads of state via print media and television in **Papua New Guinea**⁴² and **Uganda**⁴³ have sought to raise awareness of the increase in IPV that has accompanied the COVID-19 crisis, and radio campaigns in **Sierra Leone**⁴⁴ and **Zimbabwe**⁴⁵ have urged an end to IPV.

Distribution of printed materials and other methods

Printed materials, such as leaflets, posters and newspapers, have also been used to spread information about IPV and avenues for assistance during the pandemic. This is a critical way to reach those who have limited access to electronic resources.

Since not everyone in **Brazil** has a television or access to the internet, community journalist groups in Rio de Janeiro favelas (slums) have circulated and posted written information on domestic violence in favela neighborhoods.⁴⁶ They have hung banners and posters and even incorporated artistic measures, such as street art, graffiti, videos and photo cards.⁴⁷ To facilitate communication with those who cannot read, the groups, with the guidance of health workers, broadcast audio messages from cars throughout the favelas.⁴⁸ These messages were initially intended to educate about a variety of COVID-19-related topics but have expanded to include domestic violence.⁴⁹

In **Iraq**, the Institute for War and Peace Reporting (IWPR) launched a grassroots campaign called #ViolenceIsWeakness in April to raise awareness of the increase in IPV during the pandemic. IWPR partnered with the local community police to create and distribute a leaflet promoting an IPV hotline.⁵⁰ Similarly, the Masimanyane Women's Rights International organization, which is located on the East Coast of **South Africa**, has distributed posters with the phone numbers of its counselors to encourage individuals in need of support or guidance to reach out via call, text or WhatsApp.⁵¹

A **Scottish** newspaper, the *Scottish Sun*, published photos of 14 women (with their permission) who were abused by intimate partners during the pandemic, urging readers to report instances of abuse to the authorities.⁵² In **China**, an online initiative called "Anti-Domestic Violence Vaccine" was started through which hundreds of participants distributed self-made anti-domestic

violence posters in their neighborhoods in more than 20 cities.⁵³ The posters focused on IPV, child abuse and elder abuse.

Finally, to raise awareness about IPV in innovative ways without using technology, citizens in **Argentina** make noise with pots and hang green and purple handkerchiefs from their balconies to, among other issues, express outrage over domestic violence and in support of survivors.⁵⁴ Flags have similarly been used across **Guatemala** to signal needs or danger corresponding to certain colors: black, yellow or blue flags indicate, respectively, that a woman, child or elderly person is at risk of violence.⁵⁵

3.2 Use and expansion of traditional hotlines and online resources

As noted in Section 2, many countries have seen a sharp increase in calls to IPV hotlines, especially during the incipient phases of lockdowns. In response, governments and civil service providers have either started new hotlines or augmented existing services to respond to increased demand.

Essential hotlines have generally remained operational for survivors during the lockdown. **South Africa** continues to operate its government-sponsored hotline for IPV survivors.⁵⁶ The Thuthuzela Care Center, which is run by South Africa's National Prosecuting Authority's Sexual Offences and Community Affairs Unit (SOCA), is continuing to provide helpline support for women in need.⁵⁷ In **Nigeria**, the Women at Risk International Foundation (WARIF) currently hosts a 24-hour confidential helpline for IPV survivors, or they can send WARIF a message online via Twitter or Instagram.⁵⁸ Similarly, **Zimbabwe's** Musasa, an organization created to assist IPV survivors, also has a toll-free 24-hour support line in operation.⁵⁹

A number of governments have boosted funding for existing hotlines. For example, the **Belgian** government increased funding for IPV intervention teams, which will allow them to expand their helpline capabilities for survivors to report instances of IPV and to seek counseling.⁶⁰ Similarly, the **United Kingdom** government has increased funding and support for hotlines and survivor services.⁶¹ The **Australian** government provided \$150 million for programs geared toward supporting IPV survivors during the pandemic, including 1800RESPECT, the national domestic, family, and sexual violence helpline.⁶²

Hotlines that predated the pandemic have also been reactivated, reinforced and publicized in **Azerbaijan**,⁶³ **Tunisia**⁶⁴ and **Uruguay**.⁶⁵ In **Ghana**, the UNFPA supported the reactivation of a Ghana Police Service Domestic Violence and Victims Support Unit (DOVVSU) IPV hotline during the COVID-19 crisis.⁶⁶ UNFPA partnered with DOVVSU, the Multi-Party Trust Fund (MPTF) Secretariat and the Canadian Government to train hotline operators in trauma-informed approaches to crisis intervention to assist callers seeking to report instances of IPV or access resources and support.⁶⁷

Countries are also diversifying the channels through which survivors can connect and ramping up service offerings. In **Argentina**, various hotlines are available, including the "emergency 137 line" supported by the Justice Department, as well as hotlines run by nonprofits.⁶⁸ In addition, Argentina's National Ministry for Women, Gender and Diversity has introduced alternative channels on line 144 and WhatsApp that are staffed 24 hours a day, as well as an emergency email address through which survivors can seek help.⁶⁹ In **Israel**, IPV support groups have tripled the number of people answering helpline calls and expanded their telephone hours.⁷⁰ Similarly, in **Vietnam**, Peace House, a network of shelters for women fleeing IPV across the country, has been "scaling up its hotline" after it received 40 percent more calls in 2020 than in 2019.⁷¹ UNFPA trained 20 staff members to operate a phone line connected to an online platform available in **Guinea Bissau** called BLOKSAN, which provides health and human rights resources in the context of COVID-19.⁷²

Many countries have seen a sharp increase in calls to IPV hotlines, especially during the incipient phases of lockdowns.

Other countries have established new hotline services since the onset of the pandemic to respond to increasing demand and are thinking creatively about maximizing resources. In **Pakistan**, the Ministry of Human Rights started an initiative to provide a helpline and WhatsApp number for women to report IPV.⁷³ In addition to seeking help for abuse, callers are using the lines to obtain information on where to get food rations, financial assistance and COVID-19 tests.⁷⁴

In **Japan**, a hotline was established by the government and is operational on a 24-hour basis.⁷⁵ In **Nepal**, the National Women's Commission launched a 24-hour toll-free helpline service to actively assist IPV survivors in filing complaints as well as offer counselling and therapy sessions.⁷⁶ New hotlines dedicated to assisting IPV survivors have also been launched in **Bolivia**,⁷⁷ **Cote d'Ivoire**,⁷⁸ **Lebanon**,⁷⁹ **Sierra Leone**,⁸⁰ **South Africa**,⁸¹ and **Ukraine**.⁸²

In **India**, more than 50 helplines have been started across the country to help women facing IPV during the ongoing pandemic.⁸³ While some of these helplines are active nationally, some are state-specific, and others are set up at the district level.⁸⁴ They are run by police, women's welfare departments, and NGOs working on women's rights.⁸⁵ Some of the helplines also offer support from psychologists.⁸⁶ While some of the helplines have been operational for years, others have been set up temporarily to help women during the pandemic lockdown.⁸⁷

Mobile applications and secret signals are designed to allow women to alert others to their situation, report violence and receive help without alerting their abuser.

Finally, governments are expanding their online resources for IPV survivors during the pandemic. In the **United States**, state and local governments are ramping up efforts to provide web-based information. For example, New York City has developed a webpage specifically targeting IPV survivors and supplying them with resources and information during COVID-19.⁸⁸ The Alaska Network on Domestic Violence & Sexual Assault has compiled online resources for advocates and direct service providers on how to respond to the needs of survivors and their families amidst the pandemic.⁸⁹ At least 30 other states have compiled online resources and outreach materials for survivors and advocates in response to COVID-19.⁹⁰

3.3 Confidential mobile applications and other non-traditional ways to report

In addition to traditional telephone hotlines, confidential mobile applications and other forms of technology are also being used to support IPV survivors during the pandemic. When quarantining with an abuser, women may be isolated from support networks and may not have the opportunity

to make a phone call without the abuser knowing. Mobile applications and secret signals are designed to allow women to alert others to their situation, report violence, and receive help without alerting their abuser.

The use of technology

Government authorities in the Punjab province in **Pakistan**, in partnership with United Nations Population Fund (UNFPA), have upgraded the "Women Safety" smart application which was introduced two years ago by the Punjab Safe Cities Authority as an innovative solution to the challenges of mobility and violence facing women and girls.⁹¹ The application allows women to report violence and their location coordinates to the police via an emergency helpline or WhatsApp message allowing response teams to be mobilized immediately.⁹² Women can also find safe spaces or referrals to services through the application.⁹³ In addition, the application allows women to mark a location as unsafe to help the authorities map "gender-based violence hotspots" in the province and inform the nearest hospitals, police stations and other social services such as shelters to prepare for and respond to complaints in the shortest time possible.⁹⁴

The International Rescue Committee (IRC) has expanded the functionality of an existing web-based resource, CuentaNos, to address increases in IPV and other needs related to COVID-19 in **El Salvador**, **Honduras** and **Guatemala**.⁹⁵ CuentaNos includes a database of IPV protection service providers (as well as providers of health, education and other services), and also allows users to contact IRC moderators via WhatsApp for support concerning IPV and other issues.⁹⁶

Italy's government has adapted a mobile application created for reporting teenage bullying to allow women to secretly report instances of IPV.⁹⁷ The app, called YouPol, allows women to send images and messages to local police in real time, without making a telephone call.⁹⁸ In **Spain**, authorities launched a WhatsApp chat for women to report abuse without making a phone call.⁹⁹ According to Spain's Equality Ministry, consultations have increased 270 percent since the introduction of the app.¹⁰⁰

In **Lebanon**, a women's organization called ABAAD is using WhatsApp to provide remote psychological support services in response to that country's 60-percent increase in IPV cases during the COVID-19

pandemic.¹⁰¹ The **Indian** state of Kerala reactivated a dedicated WhatsApp number to report IPV.¹⁰² Similarly, the Women Safety App in **Pakistan** is connected to a police hotline and a WhatsApp text number,¹⁰³ and the MySis chatbot application connects survivors reporting instances of IPV in **Thailand** to law enforcement.¹⁰⁴ These apps also provide information and resources to survivors who use them to report instances of IPV.

In the **United States**, Snapchat, in partnership with the National Network to End Domestic Violence, provides resources to IPV survivors through an in-app search feature.¹⁰⁵ The resources are incorporated into the app's "Here For You" community help section. When a user types in a word related to IPV, such as "abuse" or "domestic violence" the app shows a group of stories with resources, including helpline numbers, links and tips for supporters (eg, "How To Help A Friend Stay Safe From Abuse").¹⁰⁶ All content is available with captions to allow users to view the stories without sound.¹⁰⁷

Twitter, in partnership with UN Women Asia Pacific, developed the first domestic violence-based search prompt in local Southeast Asian languages on any social media platform.¹⁰⁸ When a user searches for terms associated with IPV or abuse on the Twitter website or app, key domestic violence hotline numbers and resources appear in the local language.¹⁰⁹ The feature, which will likely expand to other countries in the region, is currently available in **Indonesia, Malaysia, the Philippines, Thailand, Singapore, South Korea** and **Vietnam**.¹¹⁰ Similarly, in **Japan**, a 24-hour live chat box is available for IPV survivors in 11 different languages to connect them to resources and support.¹¹¹

The importance of secrecy

Survivors of abuse may be reluctant to use IPV-related apps or websites if their abusers check their mobile phones or internet use, a frequent tactic used to assert control. In response to this concern, countries like **Italy** have developed "secret" or concealed mobile phone applications which contain an alarm button function that sends a distress message to the nearest police precinct along with the survivor's location, and dispatches police officers to respond to the call.¹¹²

In the **United Kingdom**, an app called BrightSky provides a secure journal in which a survivor can record incidents of abuse using text, video and photos, and no content is saved on the user's device.¹¹³ BrightSky

is available in several languages.¹¹⁴ RefugeCharity, a UK-based organization, created a "Silent Solution" – a chat bot that allows IPV survivors to contact the local police without having to speak.¹¹⁵ RefugeCharity also launched RefugeBot, which helps domestic violence survivors manage the settings on their smartphones so that their abusers cannot monitor their activities or whereabouts.¹¹⁶

A mobile application called UrSafe, which is available in hundreds of countries and territories worldwide, including **Mexico, Nigeria** and **India**, has several features designed to allow covert reporting of instances of IPV.¹¹⁷ The application can be activated by voice commands that each user may set to correspond to different levels of threat and is synchronized with local emergency numbers; users may also add emergency contacts of their own to receive a call during an emergency activation.¹¹⁸ When activated, the application also begins recording audio and video, which it preserves for the survivor to use in reporting.¹¹⁹

Covert signals for assistance

Governments and organizations have also been promoting the use of non-traditional, confidential methods for seeking assistance, including hand signals and code words. The goal is to provide IPV survivors with a way to let people know they have been harmed or are at risk for harm without alerting their abusers.

Canada's Canadian Women's Foundation started the "Signal For Help" campaign, which involves survivors using a simple one-handed sign to silently show that they need help.¹²⁰ This hand sign has been used on video calls and on social media apps such as TikTok.¹²¹

Governments and organizations have also been promoting the use of non-traditional, confidential methods for seeking assistance, including hand signals and code words.

A popular movement has involved the use of a "code word" by IPV survivors to signal that they need support. In the **Canary Islands**, the Instituto Canario de Igualdad (Canary Institute of Equality or Instituto Canario) launched a scheme whereby a woman can request a Mascarilla-19 (Mask-19) from a pharmacist to signal that she urgently needs help with a domestic

violence situation.¹²² Kika Fumero, Director of the Instituto Canario, calls Mascarilla-19 “the mask that can save your life.”¹²³ Pharmacy staff will take down the woman’s name, address and phone number and then alert emergency services.¹²⁴ The woman can choose to wait until police and/or support workers arrive at the pharmacy, or she can return home and wait for assistance there.¹²⁵

A number of countries have promoted the use of “Mask 19” as a code phrase for IPV survivors to use at pharmacies and grocery stores to report domestic violence and obtain help.

As a result of the global interest in the Mascarilla-19 campaign, the Instituto Canario, in partnership with the government of the Canary Islands, has

provided free editable and non-editable PDF and JPG materials that are intended to be used and shared broadly.¹²⁶ The campaign has been adopted by regional governments across **Spain** and has spread to a number of countries, including **France** and **Chile**, which have promoted the use of “Mask 19” as a code phrase for IPV survivors to use at pharmacies and grocery stores to report domestic violence and obtain help.¹²⁷ **Argentina** has also popularized use of the phrase “Barbijo rojo” (red mask) for IPV survivors to use at pharmacies to alert the workers of abuse.¹²⁸

Employing a similar strategy, a nonprofit organization in **India**, Women Entrepreneurs For Transformation Foundation, launched the “Red Dot Initiative.” IPV survivors can secretly signal for assistance by placing a red dot on their palms.¹²⁹

Country spotlights

Brazil

Brazil has been hit hard by the COVID-19 pandemic. As of January 10, 2021, the country had experienced over 7.9 million COVID-19 cases and over 200,000 deaths.¹³⁰

Clashes between the federal government and state and local authorities have led to inconsistent pandemic responses. By May 2020, a number of cities and states had implemented lockdown measures, although most of those measures were lifted several months later.¹³¹ On January 5, 2021, the city of Manaus, Amazonas, which currently has the highest COVID-19 death rate in the world,¹³² declared a new, 180-day state of emergency.¹³³

Prior to the COVID-19 pandemic, domestic violence was already a major issue in Brazil. The country ranked fifth in the world for femicides, with half of all cases committed by an intimate partner.¹³⁴ In response to the efforts of women's groups, Brazil enacted a pathbreaking *Maria da Penha Law* against violence in 2006 and established a network of support for survivors.

During the pandemic, Brazil has scaled up efforts to support IPV survivors and educate the general community about the dangers and impact of IPV.

As part of national public outreach efforts, media companies in Brazil collaborated with UN Women to launch an awareness campaign about domestic abuse on TV and via social media.¹³⁵ The federal government launched the Human Rights BR app in April 2020, with the aim of providing IPV survivors with a method of reporting that would be more secure than a traditional phone line.¹³⁶

Community journalists in Rio de Janeiro favelas have circulated and posted printed information about domestic violence in favela neighborhoods with limited access to media outlets.¹³⁷ They hung banners and posters, and produced street art, graffiti, videos, and photo cards.¹³⁸ To facilitate communication with

those who cannot read, some groups have broadcast audio messages regarding IPV and other health issues from cars.¹³⁹ Social workers in Teresina, Brazil started sending daily voicemail messages to women at risk of IPV, including advice on coping mechanisms and other services.¹⁴⁰

To provide guidance for the health sector, Brazil's Ministry of Women, Family, and Human Rights published a technical note that includes information related to women's health and violence against women ("VAW"). The Ministry also issued guidance and recommendations for healthcare providers for the continued functioning of VAW care services throughout the country.

While not specifically aimed at IPV survivors, the federal government provided an emergency cash transfer of R\$600 (USD 115) to low income families, with single mothers receiving double and priority in withdrawing the cash payment.¹⁴¹

During the pandemic, Brazil has scaled up efforts to support IPV survivors and educate the general community about the dangers and impact of IPV.

The justice sector has also introduced innovations – for example, IPV complaints can be filed electronically and heard virtually in several Brazilian courts. Judges in São Paulo have automatically extended protection orders set to expire during lockdown. The Maria da Penha Patrulha police patrol, founded in 2019, continues to visit survivors' homes to verify that the perpetrators living with those survivors are complying with court orders and directives.

Spain

By February 2021, there were over three million confirmed cases of COVID-19 in Spain, and more than 63,000 had died from the virus.¹⁴² Spain was one of the first countries to enter into full lockdown in the spring of 2020 and one of the first to reopen in the summer of 2020. Most of the country entered into a new state of emergency as of October 2020, with a nighttime curfew from 11 pm to 6 am.¹⁴³

Prior to COVID-19, IPV was widespread in Spain, with nearly a quarter (24.8%) of women in the country estimated to have experienced some form of IPV.¹⁴⁴ One research paper found that IPV against women increased by 23% in Spain during the first lockdown in 2020.¹⁴⁵

To respond to reports of rising IPV, government agencies and NGOs in Spain implemented a number of proactive measures, many of which have carried into the second state of emergency.

For example, the *Mascarilla-19* campaign, which promoted the use of “Mask 19” as a code phrase for survivors to safely report IPV in commercial settings, is thought to have originated in Spain.¹⁴⁶ The campaign has been adopted by regional governments across Spain, and similar campaigns have taken root in other countries, including France, Argentina, India and Chile.¹⁴⁷ As a result of the global interest in the campaign, the Instituto Canario, in partnership with the government of the Canary Islands, has provided free editable and non-editable PDF and JPG materials on IPV that are intended to be used and shared broadly.¹⁴⁸

By February 2021, there were over three million confirmed cases of COVID-19 in Spain, and more than 63,000 had died from the virus. Spain was one of the first countries to enter into full lockdown in the spring of 2020 and one of the first to reopen in the summer of 2020.

Spanish authorities launched a WhatsApp chat for women to report abuse without making a phone call.¹⁴⁹ According to Spain’s Equality Ministry, consultations with service providers regarding shelter or other forms of support have increased 270 percent since the introduction of the app.¹⁵⁰

To facilitate access to shelter, a national decree in Spain provides for the use of available hotel rooms for IPV survivors, as well as increased access to shelters and emergency centers.¹⁵¹ Women are exempt from lockdown and curfew measures if they are fleeing IPV.¹⁵²

South Africa

The South African government imposed a nationwide lockdown on March 23, 2020,¹⁵³ which phased down gradually and then was reinstated in December 2020 due to a second wave of infections¹⁵⁴ when a new, more contagious strain of the virus was discovered in the country.¹⁵⁵ As of February 8, 2021, South Africa has had nearly 1.5 million COVID cases and deaths exceed 46,000, the highest case count and death rate recorded in Africa.¹⁵⁶

Gender-based violence was already a major problem in South Africa before COVID-19. A femicide occurs every three hours in South Africa, which is one of the highest femicide rates in the world, and approximately 51% South African women have experienced IPV.¹⁵⁷ In 2019, the South African government had declared gender-based violence a national crisis and announced an Emergency Response Action Plan to combat gender-based violence and femicide.¹⁵⁸ The government allocated R1.6 billion [\$109 million] for the implementation of the plan, which includes tougher laws for perpetrators of IPV and the conversion of ten government-owned buildings to shelters for survivors.¹⁵⁹

During the first seven days of the first pandemic lockdown, South African police received more than 87,000 gender-based violence complaints.¹⁶⁰ However, between March and April 2020, the number of domestic violence cases reported to South African police fell, likely due to increased difficulties in seeking assistance while locked down with an abuser.¹⁶¹

Since the start of the pandemic, government agencies and NGOs in South Africa have taken measures to assist survivors in a number of ways, including increasing public education and awareness. For example, after an alarming spike in femicides in June 2020, people started social media campaigns on Twitter, including #StopKillingWomen, #JusticeForTshego, #JusticeforNaledi and #JusticeforSanelisiwe, demanding justice and more protections for women.¹⁶² The Total Shutdown,

a non-governmental movement against gender-based violence and femicide, hosted a webinar and started a social media campaign about the #ForgottenReality of gender-based violence during COVID-19.¹⁶³ The Masimanyane Women's Rights International organization, located on the East Coast of South Africa, has distributed posters with the phone numbers of its counselors to encourage individuals in need of support or guidance to reach out via call, text or WhatsApp.¹⁶⁴

Throughout the pandemic, the South African government has continued to operate its hotline for IPV survivors.¹⁶⁵ The Thuthuzela Care Center, which is run by South Africa's National Prosecuting Authority's Sexual Offences and Community Affairs Unit (SOCA), is also continuing to provide helpline support for survivors.¹⁶⁶

In response to the risk of alcohol use exacerbating IPV (in 2006 the WHO reported that 65% of IPV survivors in South Africa said their partners always or sometimes drank alcohol before instances of abuse),¹⁶⁷ the government instituted a total ban on

alcohol sales during the initial lockdown.¹⁶⁸ It is unclear what effect liquor bans and policies have had on IPV, but as the lockdown eased and alcohol became available for purchase in June 2020, the number of crimes against women and children increased.¹⁶⁹

The justice sector response included upgrading 13 regional courts into sexual offenses courts.¹⁷⁰ The government distributed 7,000 IPV evidence collection kits to each police station in the country, and more than 1,000 "survivor friendly rooms" are located in the country's police stations.¹⁷¹ Sensitivity and awareness training focused on IPV have been delivered to police, prosecutors, and magistrates.¹⁷²

In response to the risk of alcohol use exacerbating IPV (in 2006 the WHO reported that 65% of IPV survivors in South Africa said their partners always or sometimes drank alcohol before instances of abuse), the government instituted a total ban on alcohol sales during the initial lockdown.

4. Increasing access to support services

Governments and civil society organizations, often in partnership with the private sector, have pursued innovative strategies to ensure safe access to shelter and to expand delivery of IPV support services. For example, governments have partnered with hospitality and ride-sharing companies to expand housing options for survivors and provide transportation, extended public housing benefits programs to include IPV survivors, and supported the continuing operation of domestic violence shelters. In addition, some governments have set up IPV support centers in non-traditional locations like shopping centers, grocery stores and pharmacies.

One of the most important and basic needs of survivors fleeing violence in their homes is safe, alternative housing options for them and other family members under their care.

4.1 Housing accommodations and access to shelters

One of the most important and basic needs of survivors fleeing violence in their homes is safe, alternative housing options for them and other family members under their care. This issue has been a particular challenge during the pandemic. The rise of IPV during COVID has increased the number of survivors needing accommodations. At the same time, social distancing requirements have reduced the physical capacity of existing shelters.¹⁷³ Thus, the pandemic both created more need and reduced existing capacity. In response, some governments have sought non-traditional housing solutions.

The use of hotel accommodations

In **France**, during the first lockdown, the government subsidized 20,000 nights of accommodations in hotels for IPV survivors and their families.¹⁷⁴ **Belgium's** government also purchased a number of nights of private hotel accommodations for survivors.¹⁷⁵ A national decree in **Spain** provides for the use of available hotel rooms for IPV survivors, as well as increased access to shelters and emergency centers.¹⁷⁶

In the **United States**, state and municipal governments have partnered with local hospitality businesses and online platforms to provide safe housing in the form of short-term lodging/homestays for survivors. For example, the city of Chicago, Illinois, partnered with Airbnb to provide hotel rooms for people fleeing IPV.¹⁷⁷ The city of Los Angeles, California, with support from private funding, launched Project Safe Haven to provide hotel accommodations for survivors.¹⁷⁸ In other areas of the state of California, hotels have made rooms available specifically for IPV survivors during the pandemic.¹⁷⁹

Expansion of housing benefits programs

In addition, some governments have extended their public housing benefits programs to include IPV survivors. For example, in **Malta**, where shelters are at capacity, the government extended its rent housing benefit scheme to survivors of IPV who need a safe place to stay.¹⁸⁰ After submitting police reports, social worker reports, or other evidence of abuse, survivors may be eligible to receive benefits to decrease their monthly rent.¹⁸¹ The NGO Mizan has similarly offered rent support to IPV survivors in **Jordan**.¹⁸² In New South Wales, **Australia**, The Rent Choice Start Safely program provides three years of rental benefits and ongoing support services to IPV survivors.¹⁸³ The New South Wales government pledged to invest \$20 million in further rental subsidies until June 2021.¹⁸⁴

Support for shelters

Throughout the pandemic, when possible, shelters have remained open to survivors, instituting protection protocols to limit and prevent the spread of COVID-19 at their facilities. In order to ensure that this can happen, some governments have categorized domestic violence shelters as essential services. For instance, in the **United States**, domestic shelters in Colorado, Illinois, Indiana, Minnesota, and North Carolina were explicitly categorized as essential services.¹⁸⁵ **Albania** has designated shelters as essential, meaning they will remain open during the pandemic.¹⁸⁶

The Ministry of Health and Social Protection in **Albania**, with the support of UN Women Albania, has approved a "Protocol on the functioning of public and non-public residential centres providing housing services for survivors of domestic violence and for survivors of trafficking in the COVID-19 pandemic situation."¹⁸⁷ The protocol provides guidelines for domestic violence shelters on how to respond to

COVID-19, including procedures for accepting new residents and steps to take when a resident shows symptoms of COVID-19.

Similarly, the Ministry of Women's Affairs and the Ministry of Public Health in **Afghanistan** has supported the development of a Guidance Note for Women Protection Centers, or domestic violence shelters, operating during the COVID-19 pandemic.¹⁸⁸ The note provides guidance on preventing COVID-19 from entering and spreading within a shelter.

The Ministry of Health and Family Welfare in **India** released guidelines for health centers to ensure continuity of shelter and counseling facilities during the pandemic, including for women survivors of violence.¹⁸⁹ And the Ministry of Health in **Sri Lanka** issued COVID-19-specific guidance for domestic violence shelters, titled, "Interim Guidance During the COVID-19 Pandemic Outbreak for Service Providers of Safe Homes/Temporary Shelters intended for Survivors of Gender-based Violence."¹⁹⁰ The Ministry of Health also issued guidelines for staff of GBV help desks in state hospitals to ensure continued service during the lockdown and curfew periods.¹⁹¹

Transportation assistance to shelter

Some countries are not only supporting housing options, but also facilitating transportation to ensure that IPV survivors will be able to leave their homes. For example, **France's** National Federation of Solidarity for Women, a network of women's groups, partnered with the ride-hailing company Uber to secure free rides for people fleeing IPV.¹⁹² During the first lockdown, Uber provided IPV survivors in France with 1,000 free rides, and it has pledged to double that number during the second lockdown.¹⁹³

4.2 IPV support centers in non-traditional locations

As noted previously, various countries have encouraged the use of non-traditional reporting locations like pharmacies to alert authorities to IPV. This was necessary in large part due to the fact that in many countries, pharmacies were among the few businesses allowed to remain open during lockdown. In addition, pharmacies may be more accessible than police stations and let survivors use the cover of a shopping trip to justify leaving the house. Some countries have taken it one step further, using non-traditional locations for both reporting of IPV and for the delivery of support services to survivors.

The **French** government announced that during the second wave of lockdowns, temporary IPV support centers will be set up in shopping centers and in more than 20,000 of France's pharmacies.¹⁹⁴ In addition, women fleeing violence will not be required to carry a signed form before leaving their homes, as required of all other citizens. In the **United Kingdom**, Hestia, a domestic abuse charity, partnered with a private pharmacy chain to provide "safe space consultation rooms" at most of the chain's 2,400 pharmacies across the country.¹⁹⁵ The consultation rooms link users to various hotlines and support services across the UK. The partnership was expanded to include a grocery store chain, which designated similar safe spaces in the pharmacy areas of its supermarkets.¹⁹⁶

5. Selected health sector responses

The global health sector has experienced significant challenges in responding to the COVID-19 pandemic. Healthcare delivery systems and health workers have been stressed by the responsibility of caring for those infected by the virus.¹⁹⁷ There is evidence that survivors of IPV have found it more difficult to access overburdened health services.¹⁹⁸ Those experiencing abuse may be hesitant to seek medical help to avoid placing a burden on an already strained healthcare system, or for fear of their abusers knowing or interfering.¹⁹⁹

The move from in-person appointments to remote consultations presents unique problems for IPV survivors and their healthcare providers.

The move from in-person appointments to remote consultations presents unique problems for IPV survivors and their healthcare providers.²⁰⁰ If medical help is sought, IPV survivors may not be comfortable divulging details of their abuse to healthcare professionals over the phone or through other remote means.²⁰¹ Moreover, psychological symptoms linked to IPV may be harder to detect during a time of general emergency.²⁰²

Governments and healthcare providers have responded to these challenges in various ways, including by classifying gender-based violence services as essential to avoid disruption of services; increasing medical services, including psychosocial support for IPV survivors; and providing additional training for healthcare providers.

5.1 Government responses to ensure continuity of care

GBV health services as essential

Governments have promulgated measures to ensure continuity of care for IPV survivors during the pandemic. For example, in **Uganda**, the Ministry of Health's COVID-19 Essential Services Committee developed, with the support of the United Nations Population Fund (UNFPA), Standard Operating Procedures (SOPs) to ensure continuity of gender-based violence services during the pandemic.²⁰³ These SOPs enable the ministry to prioritize GBV services as essential services.²⁰⁴ In **Colombia**, the Ministry of Health has declared that IPV-related health care services are emergency services.²⁰⁵ The ministry has also adopted a resolution to transfer financial resources for COVID-19 response and prevention to IPV survivors.²⁰⁶

The President of **Peru** issued a decree designed to increase health services for IPV survivors,²⁰⁷ mandating that health establishments guarantee urgent and emergency care for all women and family members who have suffered violence, and authorizing the Special Protection Unit of the Ministry of Women and Vulnerable Populations to conduct social interviews and psychological evaluations using remote technology. In addition, the Ministry of Health in Peru is required to provide COVID-19 testing and care for survivors entering temporary shelter facilities.

Many countries have continued or increased psychosocial support for IPV survivors through hotlines and other virtual means during the pandemic.

In **Brazil**, the Ministry of Women, Family, and Human Rights published Technical Note 16/2020, which includes information for women related to health and violence against women (VAW).²⁰⁸ The Ministry also issued guidance and recommendations for healthcare

providers for the continued functioning of VAW care services throughout the country.

Expanding medical services

Countries have also enacted measures to increase access to medical services, including psychosocial support, for IPV survivors during the pandemic. In **Greece**, the General Secretariat for Family Policy and Gender Equality, in collaboration with the Hellenic Society of Forensic Medicine, currently provides free medical testing to IPV survivors housed in special, emergency accommodations.²⁰⁹ In **Nepal**, One Stop Crisis Management Centers (OCMCs) provide free health services and psychosocial counseling for survivors of violence.²¹⁰ In **Tajikistan**, the Ministry of Health runs IPV survivor support rooms (VSRs) at health facilities and is exploring the option of increasing the number of facilities hosting VSRs.²¹¹

Providing psychosocial support

Many countries have continued or increased psychosocial support for IPV survivors through hotlines and other virtual means during the pandemic. For example, Federal Sexual Assault Referral Centres in **Belgium** have remained accessible 24 hours a day, 7 days per week, and have provided psychosocial and legal consultations to IPV survivors in person and via telephone.²¹² The 1110 Open Telephone Support Line in **Greece** is staffed by specialist scientists and psychologists who provide support for IPV survivors at a regional level and help survivors call the national hotline, the SOS 15900 Helpline, for additional psychological support and guidance.²¹³ In **Bangladesh**, the Department of Women Affairs' National Trauma Counselling Center has continued to provide psychosocial support to IPV survivors through mobile phones and online.²¹⁴ The government has published circulars containing contact information for psychosocial and mental health experts.²¹⁵

In **India**, the National Institute of Mental Health and Neuro-Sciences launched a toll-free helpline for individuals, including IPV survivors, who may face mental health issues due to COVID-19 and the ensuing lockdowns.²¹⁶ The National Commission for Women has also expanded the number of counselors available to address psychosocial needs of IPV survivors.²¹⁷ In **Indonesia**, SEJIWA, Psychiatric Health Services, which was launched by the Office of the Presidential Staff during the pandemic, provides telephonic and online psychosocial assistance and psychological services to IPV survivors.²¹⁸

In April 2020, the National Secretariat of Mental Health in **Egypt** established a hotline to provide psychological support to people impacted by COVID-19.²¹⁹ In **El Salvador**, an emergency psychological support center was established, staffed by medical professional and psychologists, to support the mental health of IPV survivors who have suffered violence during the COVID-19 lockdowns.²²⁰ In **Honduras**, Doctors Without Borders/Médecins Sans Frontières (MSF) has set up two mental health hotlines for survivors of violence and sexual violence where survivors can schedule mental health consultations with psychologists.²²¹

Health sector training

Governments and multi-lateral institutions have hosted training on IPV-related topics to assist the health sector in recognizing and adapting to the challenges regarding support and care of IPV survivors during the pandemic. For example, the United Nations Population Fund (UNFPA) has provided support in several countries – including coordinating nine online information sessions in **Albania** on new SOPs on GBV for the health sector, including psychosocial and emergency procedures,²²² attended by service providers in all 61 Albanian municipalities. In **Tajikistan**, UNFPA supported two training sessions on GBV prevention, including Clinical Management of Rape in the context of COVID-19 and updated clinical protocols.²²³ In **Kosovo**, UNFPA has trained healthcare providers on GBV, including trainings covering COVID-19-specific topics.²²⁴

The governments of **Belarus** and **Ukraine** jointly conducted three webinars for healthcare providers to share experiences of responses to GBV, including responses during the COVID-19 pandemic.²²⁵ In **Fiji**, the government has offered training for healthcare workers in hospitals and clinics to identify and safely refer women and children who have experienced violence.²²⁶ Finally, in **Palestine**, health service providers have participated in various trainings, including workshops on providing emergency services, psychological support and first aid to IPV survivors.²²⁷

6. Interventions focused on economic support and livelihoods

A recent review highlights that economic stressors, low social support, and lack of employment, among others, are “salient risk factors” associated with IPV during the COVID-19 pandemic.²²⁸ Another report covering 15 countries in **Africa** found that “restrictions on movement and economic activities, especially within the informal sector where many women are active,” have “severely compromised” some women’s ability to earn a living and support themselves and their families.²²⁹ These stressors were among those found to have exacerbated the problem of IPV for certain women.²³⁰

A recent review highlights that economic stressors, low social support, and lack of employment, among others, are “salient risk factors” associated with IPV during the COVID-19 pandemic.

A number of governments and NGOs have put in place measures to assist survivors of IPV in achieving or maintaining economic autonomy amid the pandemic.

Direct assistance

Many governments have focused on cash transfers and food assistance.²³¹ While these programs typically do not directly target IPV survivors, some may include such individuals. For instance, the government of **Togo** created a digital cash transfer scheme in 2020 that sent money to Togolese citizens who were negatively impacted by the pandemic, in particular those working in informal sectors of the economy.²³² This program was designed to pay a larger transfer of money to women than to men.²³³

A few programs do target and/or include IPV survivors as intended beneficiaries:

- The **Kenyan** government, with support from international partners, has implemented mobile cash transfers for vulnerable Kenyans who live in Nairobi and Mombasa, with beneficiaries including 3,645 survivors of sexual and gender-based violence or those who are at risk of such violence.²³⁴

- The International Rescue Committee's **El Salvador** team created a program to provide access to information and resources (including cash transfers and basic supplies) to women and girls at risk of or experiencing gender-based violence.²³⁵
- **Moroccan** government agencies, with support from the UNFPA, provided "Salama kits" containing hygiene products and COVID-19-prevention assistance to vulnerable groups, including female survivors of violence.²³⁶
- A UNFPA Cash and Voucher Assistance Program has been deployed in **Syria** to directly address hardships caused by the pandemic, as well as to prevent or alleviate economic strains that are correlated with higher instances of IPV.²³⁷

Many governments have focused on cash transfers and food assistance but typically do not directly target IPV survivors.

Interestingly, at least one cash transfer program has made participation contingent upon the beneficiary not having been reported for domestic violence.²³⁸ This program, the "Bogota Solidaria en Casa" program, provides poor and vulnerable households in Bogota, **Colombia**, with cash to assist them in weathering the pandemic.²³⁹ As of September 2020, the program had benefited more than 402,620 households.²⁴⁰ One possible drawback of such an approach might be to discourage reporting of violence in order to qualify for assistance – thereby putting women in an even more difficult position in terms of whether to seek help.

Indirect assistance

Other countries have focused on providing funding to social service providers, rather than providing direct relief to survivors or those at risk of IPV. The government of **Egypt** provided one-time cash transfers to 5,000 social and outreach workers to assist them in addressing gender-based violence prevention and responses.²⁴¹ **Canada's** government has announced emergency funding of \$100 million for organizations providing support and services to IPV survivors.²⁴² A significant portion of this amount is earmarked to build 12 new shelters that will protect and support Indigenous women and girls experiencing violence.²⁴³

In closing this section, it is notable that larger scale measures to date do not appear to have explicitly addressed how to keep IPV survivors in paid work or to enable them to return to work.²⁴⁴ UN Women has published a piece arguing that women's social and economic needs should be at the center of the pandemic response.²⁴⁵ While these measures address the pandemic generally, a number are relevant to IPV survivors. Key recommendations include extending assistance to informal workers to prevent more women from falling into poverty, improving access to paid leave, flexible work arrangements and childcare services so that women can maintain their jobs and return to work following childbirth, and investing in additional social protection systems.²⁴⁶

Underlining the importance of women's organizations

Civil Society organizations (CSOs), including many local women's organizations, have been on the front lines of COVID-19 response efforts.²⁴⁷ Grassroots organizations working directly with women and girls are particularly well-placed to respond to a crisis that has severely and negatively impacted women and girls.²⁴⁸ Women's organizations are filling crucial gaps in service provision and have been actively engaged in advocacy efforts. As noted in this paper, women's organizations have been heavily involved in all areas of IPV response, including public awareness campaigns and outreach efforts; helping to develop innovative mobile applications; operating help lines; running shelters; and delivering support services, including legal, psycho-social and health services.

Despite their critical role in COVID-19 response efforts, many women's organizations are facing significant funding challenges, in part as a result of changing donor priorities.²⁴⁹ This has resulted in diminished operational capacity, which is threatening the delivery of desperately needed services. For example, a report based on consultations with women's organizations in Europe and Central Asia found that hotlines and shelters for women and girls run by those organizations were not able to operate at needed capacity during the pandemic due to funding constraints.²⁵⁰

In addition, studies have found that women's organizations are not getting an equal seat at the table in national COVID-19 decision-making bodies.²⁵¹ Despite their deep and vital involvement in pandemic responses, women's organizations are not being consulted in COVID planning efforts and decision-making processes. This has a chilling effect on the generation of responses that consider the effects of the crisis on women and girls.

Given the importance of women's organizations, particularly at the grassroots level, in responding to and mitigating the impact of the pandemic on women and girls, these organizations should be consulted and involved in all COVID response planning efforts. Likewise, public and private funders should provide the necessary levels of funding for women's organizations to carry out their work, including initiatives to prevent and respond to IPV.

Given the importance of women's organizations, particularly at the grassroots level, in responding to and mitigating the impact of the pandemic on women and girls, these organizations should be consulted and involved in all COVID response planning efforts.

7. The role of justice actors

Even in non-pandemic times, it is difficult for IPV survivors in many places to gain access to justice services.²⁵² The COVID-19 pandemic has created additional barriers to judicial access due to court closures and limitations on in-person court appearances.²⁵³ Where technology is introduced to bridge the gap, disparities in access to technology can create other unintended obstacles for survivors. In addition, stay-at-home orders may have made it more difficult for survivors to access police services.²⁵⁴

In recognition of the risk of excluding IPV survivors from justice, a number of governments are using law enforcement, judicial and government agency actions to provide protections to survivors of IPV, to re-open and expand pathways to justice that may have been closed by the pandemic, and to shine a light on existing resources for survivors.

Even in non-pandemic times, it is difficult for IPV survivors in many places to gain access to justice services. The COVID-19 pandemic has created additional barriers to judicial access due to court closures and limitations on in-person court appearances.

7.1 Law enforcement

Examples of law enforcement-based interventions to ensure IPV survivors' access to justice during the pandemic include formal police-led initiatives, the creation of specialized IPV police units, increased public outreach, and enhanced training on IPV sensitivity and funding for police response.

Some notable law enforcement interventions were started prior to the pandemic but have proved useful during the crisis. In 2019, the State Secretariat of the Military Police of Rio de Janeiro, **Brazil**, implemented specialized monitoring of survivors of IPV by military police and members of the Rio de Janeiro Court of Justice (TJRJ).²⁵⁵ The Maria da Penha Patrulha police patrol, or "Guardians of Life," visit survivors' homes to verify that the perpetrators living with those survivors are complying with court orders and directives in an effort to decrease the recidivism rates of those who have been accused or convicted of IPV crimes.²⁵⁶

Each operational unit of the patrol has a specialized team that has undergone specific training to deal with IPV situations.

For easy identification, the Maria da Penha Patrulha wear an armband identifying themselves and drive in vehicles with a lilac stripe and the program logo.²⁵⁷ Although the initiative predates COVID-19, it remains in effect during the pandemic. Since the program was implemented in August 2019, the patrol and its extended team have carried out 1,462 activities, including visits, social and legal assistance and on-call visits from the technical team, meetings and therapeutic groups.²⁵⁸ In addition, the patrol has carried out 1,648 screenings and has monitored more than 12,000 routes that women have indicated are "risk areas" for intimate partner violence. Through the patrol's efforts, 16 men have been arrested for failing to comply with court orders and other protective measures.

Similarly, the Calgary Police Service in **Canada** launched its novel domestic conflict response team (DCRT) at the beginning of 2020, prior to the pandemic, although it has since adapted its response.²⁵⁹ DCRT is the first program of its kind in Canada to pair police with community agencies in an effort to respond to IPV.²⁶⁰ Innovations adopted by DCRT and community partners include messaging apps, in lieu of more formal communication measures or in-person meetings, to increase response speeds to violent incidents and clients in need.²⁶¹ This "trial by fire" has reportedly strengthened the relationship between the police service and community partners that serve survivors, despite the pandemic.²⁶²

Other jurisdictions are leveraging law enforcement to take a more proactive approach to IPV response. While not a formal measure, in response to concerns in New York City in the **United States** about a decline in reports of domestic violence during the pandemic, which many attribute to the fact that survivors might be stuck in a household with their abusers and unable to reach out for help, the police commissioner asked domestic violence officers in city precincts to reach out to known survivors, or those who might be vulnerable to abuse, to see if they were safe or needed assistance.²⁶³ In **Costa Rica**, the Ministry of Public Safety coordinated with local organizations and security forces to administer home visits and patrolling of areas where IPV had previously been reported.²⁶⁴

In **India**, the government-run National Commission for Women (NCW) is attempting to combat what some viewed as police apathy toward IPV²⁶⁵ by asking for more support from the police organizations across India. At a May 29, 2020, webinar conducted with 30 police officers, including State Directors General of Police (DGPs) and their representatives, the NCW requested that all state police chiefs appoint an officer in their respective states to address complaints from the NCW and grievances reported by women across India.²⁶⁶ The NCW also asked officers to send data on cases of IPV reported during lockdown and details of actions taken in response.

More broadly, the International Association of Chiefs of Police, a nonprofit professional association for law enforcement leadership with members in more than 165 countries, has published guidance for law enforcement agencies on understanding and responding to allegations of intimate partner violence during the COVID-19 pandemic.²⁶⁷ The guidance includes such recommendations as “be aware of escalated abuse,” “keep staff informed,” “enforce and oversee agency policy,” “provide consistent messaging,” “work in partnership,” “adapt technology,” “prepare for increases in reporting” and “be aware of the effects of COVID-19 on survivors, abusers, and abuse.”²⁶⁸ It is not yet clear to what extent members have incorporated this guidance into their own practice.

7.2 Judicial actions

When countries enacted stay-at-home orders during the initial stages of the pandemic, many court systems shut down or dramatically reduced operations. It was unclear which, if any, legal services would be available to IPV survivors. Courts around the globe have responded by undertaking measures to ensure that those impacted by IPV continue to have access to justice mechanisms during periods of lockdown. As outlined below, these measures have included: treating gender-based violence cases as urgent matters that must go forward regardless of court closures, issuing protection orders by phone or online, automatically extending or virtually renewing protection orders, amending criminal codes, and working closely with police to ensure smooth and swift reporting.

Keeping courts open for IPV cases

In order to respond to emergencies, many courts remained open for urgent matters during lockdowns, including IPV claims. For example, during lockdown

periods, courts in **South Africa** heard cases involving domestic violence, prioritizing protection orders, criminal proceedings for sexual offenses, gender-based violence and femicide.²⁶⁹ In **Botswana** many court procedures and operations were suspended during the constitutionally declared State of Public Emergency, but cases involving domestic violence and deserted spouses were allowed to go forward.²⁷⁰ **Bulgaria, Poland, Serbia** and **Turkey** similarly directed courts to remain open for obtaining or amending orders for immediate protection,²⁷¹ as did many **United States** jurisdictions, including New York.²⁷²

Remote filing and proceedings

A number of jurisdictions are permitting remote, electronic IPV filings and proceedings. These developments have facilitated access to justice for many IPV survivors; however, it is important to note that barriers remain for illiterate survivors and those without private, reliable access to internet and technological devices.

A number of jurisdictions are permitting remote, electronic IPV filings and proceedings.

Many New York-area courts in the **United States** are allowing domestic violence survivors to seek temporary restraining orders via videoconference.²⁷³ In **Brazil**, courts in São Paulo and Rio de Janeiro are allowing survivors to make domestic violence complaints via the internet. Judges in São Paulo can grant emergency protective measures virtually and can transmit summonses through WhatsApp.²⁷⁴

Courts in **Peru** are also permitting survivors to request protective orders via WhatsApp,²⁷⁵ while the **Puerto Rico** judiciary permits complaints of IPV to be submitted via email.²⁷⁶ The Ministry of Justice in **Morocco** is also facilitating digital services via a website which enables the filing of complaints online and via email.²⁷⁷ Telephone hotlines have been linked to all courts, complemented by the use of a mobile app that enables survivors to submit urgent complaints without having to present in person at a court or police station.²⁷⁸

Mexico has also increased virtual access to emergency services and government agencies. Judges in Mexico City are permitted to issue protection orders via video conference during the pandemic.²⁷⁹ In **Wales, United Kingdom**, courts are allowing virtual video

conference hearings for IPV cases.²⁸⁰ Additionally, in **Mozambique**, to ensure survivors can continue to access justice, mobile courts are operating with laptops and being provided with modems, phone credit, fuel, and PPE.²⁸¹

Automatic extension of court orders

Some courts have elected to extend protective orders automatically during the COVID-19 pandemic. In **Argentina**, courts in Buenos Aires and Entre Rios have extended protective orders automatically during the pandemic so that survivors do not have to leave the home and jeopardize their safety while seeking to renew existing orders.²⁸² The judiciary of São Paulo, **Brazil**, also opted to automatically extend the validity of protection orders set to expire during the lockdown.²⁸³ Similarly, the Supreme Court of **Uruguay** agreed that the Specialized Court on Gender-based Violence could extend precautionary measures (ie, protective orders) that are about to expire by an additional 60 days.²⁸⁴

Some courts have elected to extend protective orders automatically during the COVID-19 pandemic.

In some areas of the **United States**, for example in Washington, DC, temporary protection orders and hearings have been automatically extended during lockdown periods so that parties do not have to attend court.²⁸⁵ In California, courts have worked with law enforcement to issue emergency protective orders spanning 30 days, up from the original seven-day limit, and to automatically extend restraining orders for an additional 90 days.²⁸⁶

Legislative responses

In light of rising IPV during the COVID-19 pandemic, the government of **Australia** amended its criminal laws, including imposing electronic monitoring on an accused as a home detention bail condition; enabling restraining order applications to be lodged online and legal services to submit applications online for clients; instating a separate offense for breach of a family violence restraining order and increasing the penalties; extending the limitation period for prosecuting breach of restraining orders; and allowing the Family Court and Children's Court to issue interim restraining orders on an ex parte basis,

in the same way the Magistrates Court is permitted to do so.²⁸⁷

Innovative legal responses

In addition to efforts by law enforcement and judiciaries, there have been a number of other government actions to support survivors of IPV and address the problem of IPV more generally.

In recognition of the fact that some survivors may not leave their abusers for lack of a safe place to relocate, the public prosecutor in Trento, **Italy** has ordered that abusers, not survivors, must leave the family home upon finding that IPV has occurred.²⁸⁸ The prosecutor has also issued a directive for police to monitor IPV more carefully during the pandemic. As many areas of Italy re-enter lockdown, it remains to be seen what impact these initiatives will have on those who are once again sequestered in their homes and may not have the ability to seek assistance.

Restrictions on freedom of movement have also been relaxed for survivors seeking protective orders and law enforcement support, or fleeing from violence at home, such as to designated shelters. In **Fiji**, the GBV Working Group, formed during the COVID-19 pandemic and led by the Fiji MWCPA, the Fiji Women's Crisis Centre, and UN Women, negotiated with the police to transport survivors to required legal, medical and shelter services during lockdown curfew hours.²⁸⁹

Other government action has come in the form of temporary bans or restrictions on alcohol and cigarette sales, with law enforcement instituting fines and arrests for violations, as a means of preventing domestic violence and drunken fighting. These bans have been instituted in **South Africa**,²⁹⁰ in **Colombia**²⁹¹ and in **Greenland**.²⁹²

And finally, some jurisdictions are making additional legal resources available to domestic violence survivors. In **India**, the National Legal Service Authority (NALSA) has requested all State Legal Service Authorities (SLSAs) to coordinate with One Stop Centres (OSCs) that were set up by the Ministry of Women and Child Development (MWCD).²⁹³ OSCs provide integrated support and assistance under one roof to women affected by violence in both private and public spaces, and facilitate immediate emergency and non-emergency access to medical,

legal, psychological, and counseling support.²⁹⁴ OSCs work with women and girls under 18 years of age, and the MWCD intends to support state governments to establish more than 300 OSCs across the country.²⁹⁵ Through this initiative, paralegals and volunteers can assist survivors in obtaining legal aid by filing cases, preparing and filing affidavits, and informing petitioners about their rights.²⁹⁶

8. Emerging conclusions and recommendations

The COVID-19 pandemic is impacting almost every aspect of people's lives. Lockdowns were needed to control the deadly virus, yet they have also brought huge costs for people's livelihoods, for education and for the social fabric more broadly. Another recognized repercussion has been the increased risk of violence facing women at home.

The good news is that many governments and NGOs around the world have quickly responded to the increased risks and have already implemented a range of measures to combat the challenge. Some of the most promising approaches, as outlined in this rapid review, involve increasing awareness, innovative reporting methods, enhanced services delivery, and concerted efforts to ensure access to justice.

This review has illustrated and underlined the important roles played by various levels of government, from the national level through to local authorities, and the need for various sectors to be involved, including health, social services and law enforcement. In many countries, NGOs and women's groups are playing a pivotal role, and various UN organizations, most notably UNFPA and UN Women, have provided critical technical support.

While we do not yet know much about the coverage, let alone impacts, of these responses, the catalogue of the number and breadth of responses to the first wave of COVID is instructive. As the pandemic rages on and families and communities experience further rounds of shutdowns, it is useful to try to draw lessons from the experiences to date.

The evidence reviewed in this paper suggests that priorities for governments and civil society organizations include the following:

1. Boosting public awareness and outreach.

There is an ongoing need to think creatively and expansively about increasing public awareness about violence and knowledge about how survivors can access support services in a pandemic environment. This includes making broad use of digital media, including social networks and online campaigns. Especially in communities where private digital and cellphone access is limited for women, it is important to diversify outreach efforts. There are excellent examples of public awareness campaigns that incorporate traditional media outlets like television, newspaper and radio, and employ strategies to reach people who are digitally excluded and/or illiterate.

2. Innovating mechanisms available for reporting.

In order to encourage and enable IPV survivors to connect with support services, government and civil society organizations should increase the use of technology-based and non-traditional reporting mechanisms with a focus on ease of use and confidentiality. This includes both expanding the ways people use hotlines and creating new, targeted technologies like IPV-specific mobile applications with enhanced safety features. We are seeing an increase in non-traditional ways for survivors to seek help confidentially, for example, promoting code words or signals that can be used in easily accessible places like pharmacies.

3. Expanding housing and shelter options.

Government resources should be leveraged to expand housing and shelter options, including partnerships with the hospitality industry to increase capacity, as well as enabling traditional shelters to remain open during the pandemic and extending public housing benefits to IPV survivors. Other innovative strategies should be considered to help create safe spaces for IPV survivors to gain access to services during lockdowns and to provide necessary services like transportation away from a dangerous situation at home.

4. Ensuring adequate health sector responses.

In order to ensure that critical healthcare services are accessible to IPV survivors during the pandemic, governments should make clear that they are essential services and included

in health sector pandemic response plans. This includes the provision of psycho-social services. In addition, healthcare providers should be informed about the increasing risk of IPV during the pandemic and sensitized to recognize risk factors and adapt responses to the needs of survivors, particularly with remote service delivery.

5. Fostering economic independence. Given the link between economic stressors during the COVID-19 pandemic and increased risk of IPV, social protection and assistance programs can help to reduce the risk of violence. At the same time, measures to support survivors are needed, such as direct assistance in the form of general or targeted food or cash transfers and ensuring that the social services providers working with survivors have adequate resources to cope with demand. Consideration could be given to focused efforts to keep or re-integrate IPV survivors in paid work, which raises well known issues that also must be addressed, including care needs and support for informal workers.

6. Supporting law enforcement and judicial interventions. Pathways to justice for IPV survivors should remain open during the pandemic. Indeed, a number of governments have deliberately sought to enhance access to justice, for example, through specific IPV training and ensuring links to social service agencies. The courts need to operate in ways that facilitate access to justice and innovate in their approach to IPV during the pandemic and beyond. This includes ensuring that courts remain open for IPV matters, relaxing procedural rules to permit survivors to file and/or appear in court from a remote setting, as well as creating local task forces to examine the impact of the pandemic on IPV.

7. Advancing monitoring and evaluation efforts. Multi-lateral efforts should be made to evaluate the efficacy of interventions and responses. This is critical both to mobilize immediate action and to help prepare for future crises. COVID-19 has spurred rapid innovation in IPV responses by governments and civil society organizations. There is a need to move forward with robust efforts to monitor and evaluate the impact of these interventions, including whether and how positive outcomes have been achieved. Those approaches that have proven successful should be continued and replicated even after the current crisis has abated. As part of these efforts, it would be useful to continue to capture and catalogue experiences in addressing IPV during the crisis, as has been started by UNDP, UN Women and the World Bank.

Finally, but not least, although this rapid review has largely focused on the actions of governments and civil society organizations, there is an important role for the private sector in supporting IPV response efforts. As noted, innovative public-private partnerships have been used to rapidly mobilize resources and deliver urgently needed services. Hotels and home-sharing companies have contributed unused rooms to shelter survivors, ride-sharing companies have provided transportation to women fleeing violence, media companies and mobile carriers have circulated public awareness messages, and pharmacies and grocery stores have served as accessible venues for survivors to report abuse and obtain services. The private sector should continue to be engaged to help respond to the “shadow pandemic” and its aftermath in creative and far-reaching ways.

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