PANDEMICS IN DISASTER-AFFECTED SETTINGS: INTERSECTIONS WITH VIOLENCE AGAINST WOMEN & CHILDREN

National Center for Disaster Preparedness webinar

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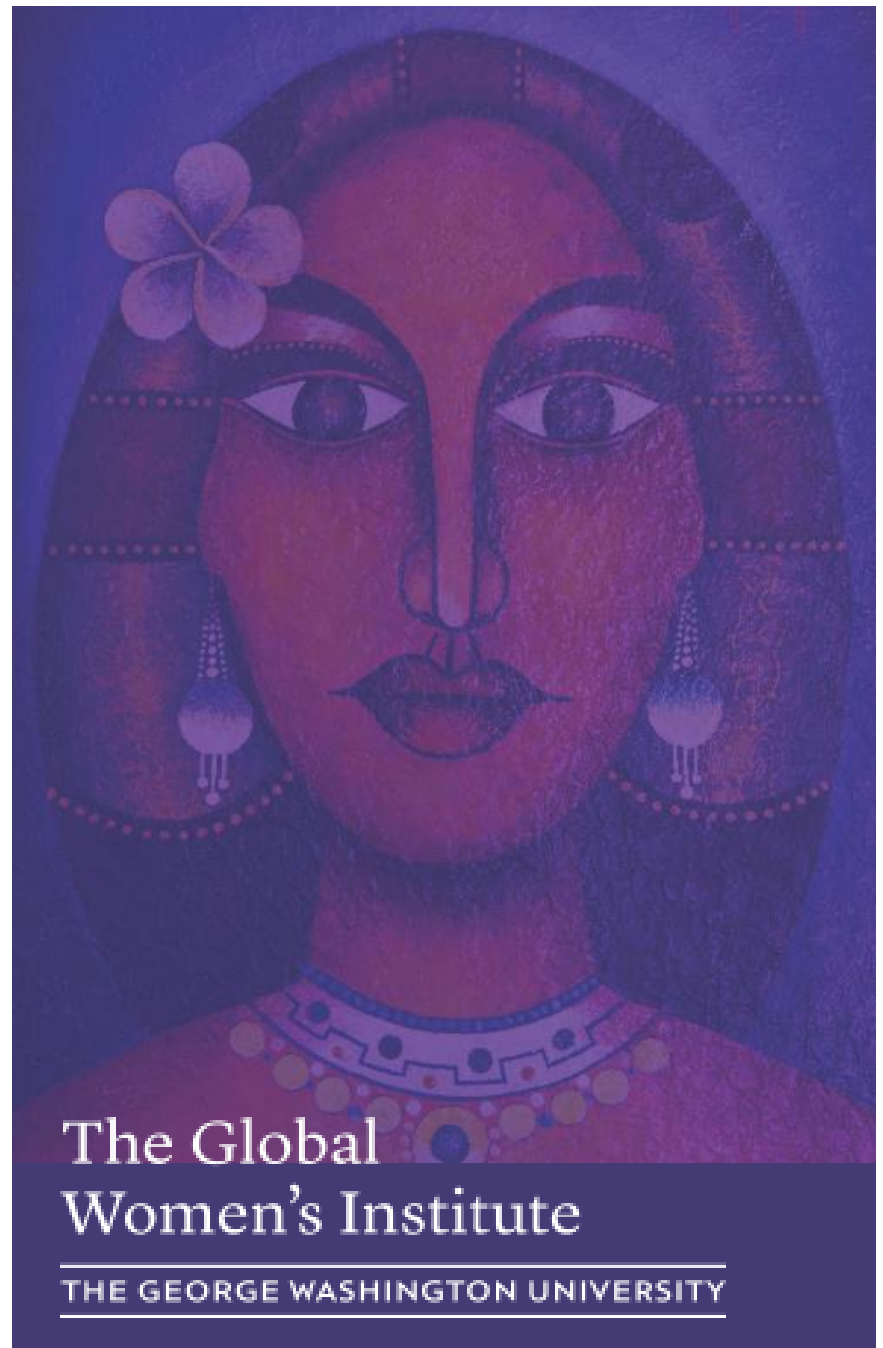The Global Women's Institute at the George Washington University

WE'LL TALK ABOUT...

- How pandemics affect disaster-affected settings

- Intersections with violence against children (VAC) and violence against women (VAW)

- Mitigating risk of sexual exploitation and abuse (SEA)

- *What?* GWI specializes in research on **violence against women and girls** (VAWG), **women's empowerment**, and **gender equality.**

- *Why?* Our aim is to produce a strong knowledge base to **inform programs & policies** that address a variety of issues affecting women and girls.

- *How?* We focus on bringing **participatory, rigorous methods** to work with partners in **humanitarian and development settings**.

The Global
Women's Institute

THE GEORGE WASHINGTON UNIVERSITY

DIS·AS·TER

A sudden, calamitous event bringing great damage, loss, or destruction.

* * *

Rooted in belief that the positions of stars influence our fate.

From the Latin prefix *dis-* + *astro* meaning "star."

DIRECT & INDIRECT EFFECTS OF PANDEMICS IN DISASTER-AFFECTED SETTINGS

- **Health systems** already suffering resource gaps & "brain drain" are further strained

- Need for **water, sanitation and hygiene** may outstrip environment/supply

- Loss of **livelihoods**, weakened markets, food-insecure households

- Existing **aid may be re-directed** to 'more urgent' needs

- **Service providers** and frontline responders affected

- Migration & border closures affect those seeking asylum/refuge

VIOLENCE: SOME KEY TERMS

- **Violence against women (VAW)** refers to any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women. (UN DEVAW, 1993)

- **Intimate partner violence (IPV)** refers to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors. (WHO 2013)

- **Violence against children (VAC)** takes many forms, including physical, sexual, and emotional abuse, and may involve neglect or deprivation. Violence occurs in many settings, including the home, school, community and over the Internet. Similarly, a wide range of perpetrators commit violence against children, such as family members, intimate partners, teachers, neighbours, strangers and other children. (UNICEF 2015)

"I spoke to a female caller in California that is self-quarantining for protection from COVID-19 due to having asthma," an advocate at the National Domestic Violence Hotline wrote in the organization's logbook.
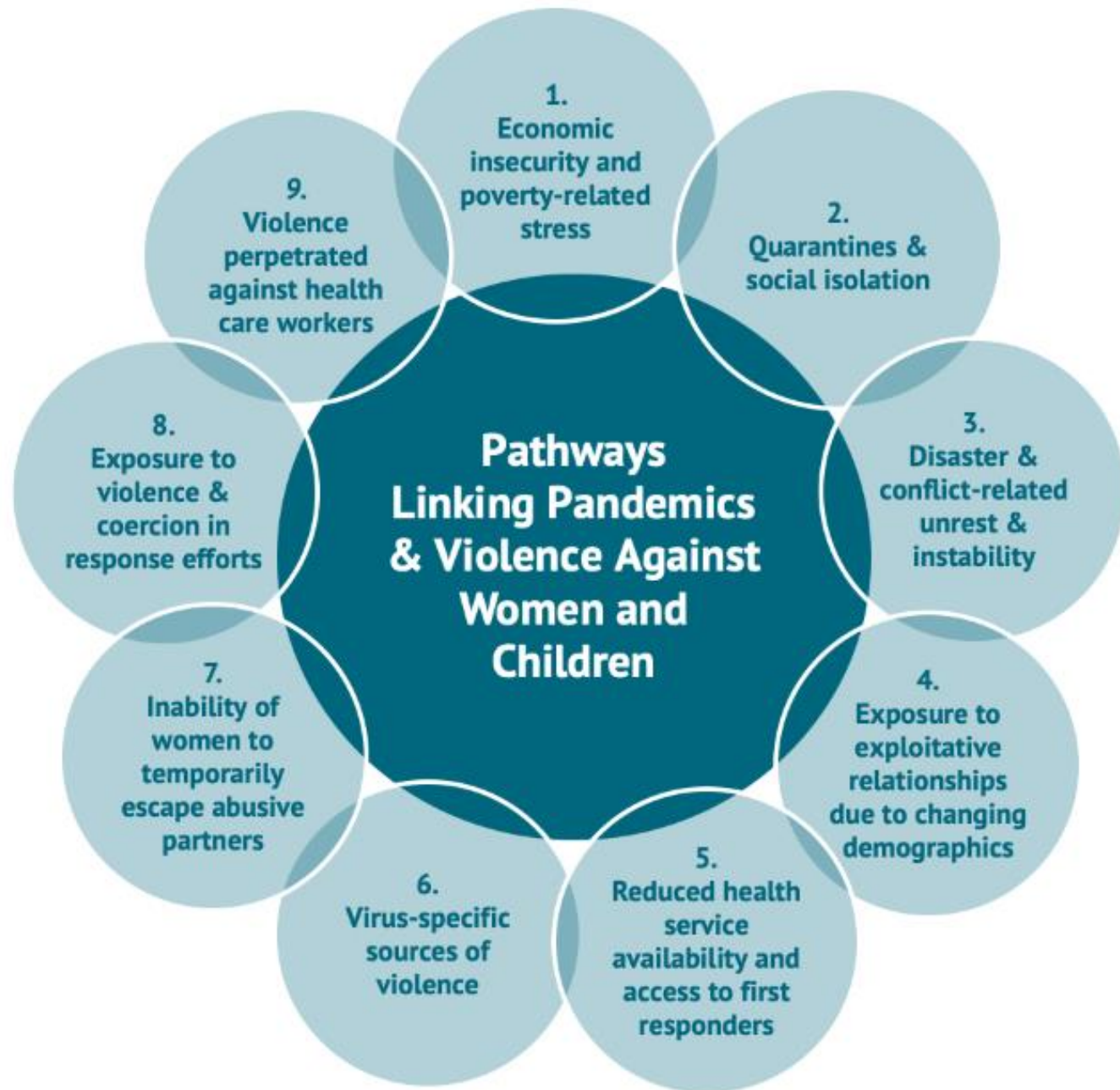
"Her partner strangled her tonight. While talking to her, it sounded like she has some really serious injuries. She is scared to go to the ER due to fear around catching COVID-19."

(National Domestic Violence Hotline, 2020; Godin, 2020)

HOW DO PANDEMICS IMPACT VIOLENCE?

A RAPID REVIEW OF PAST OUTBREAKS

Peterman et al, 2020

Pathways Linking Pandemics & Violence Against Women and Children

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

CASE STUDY: EBOLA OUTBREAK, WEST AFRICA

- Increases in intimate partner violence (IPV) and sexual violence in Ebola-affected Sierra Leone when comparing 2014 to previous years

- As the response to Ebola ramped up, reported cases dropped, likely due to crowding out of safe places and pathways for accessing GBV services

- As Ebola cases started to stabilize in parts of the country, reports in those locations rose once more

(UNDP)

HOW WE MAINTAIN SERVICES FOR WOMEN & CHILDREN MATTERS

- In areas of Sierra Leone where funding and flexibility allowed for GBV services to remain open, utilization rates increased by almost 20% at the height of the crisis in comparison to pre-crisis levels. (IRC)

- Another study of Sierra Leone from 2014-15 estimates an additional 3,600 deaths occurred due to decreased use of SRH services such as family planning, ante/post-natal care and deliveries in health facilities. (Sochas et al 2017)

Program & Policy Responses:

Bolster first response systems	Integrate VAW/C into health systems response	Expand & reinforce economic safety nets	Expand shelter & temporary housing for survivors
• Increase staff, plan for temporary surge • Increase information sharing on guidelines & help seeking options • Move to online / virtual platforms	• Minimum standards of care & identification of risk factors within pandemic response • Protection for female health care workers • Ensure referrals available	• Ensure basic needs met • Increase individual-level benefits, including unemployment insurance • Provide health insurance & access to free health care	• Ensure violence shelters follow pandemic protocols • Earmark funding for safe shelter / quarantine for women/children • Expand alternative care arrangements for children
Encourage informal (virtual) social support networks	**Clear communication & support during quarantine mandates**	**Integrate VAW/C into long-term pandemic preparedness**	**Implement & invest in flexible funding mechanisms**
• Virtual online networks, including violence support • Mitigate against isolation	• Provide clear information, rationale for quarantine • Provide safe parenting resources; mental health & counseling resources	• Ensure VAW/C key component of disaster preparedness, including business continuity plans for key service responses	• Allow organizations to allocate funds quickly & efficiently, away from contractual & reporting requirements

EXAMPLES...

- **Clear, transparent messaging** that reaches different parts of the population
  - Act early to address stigma and misinformation

- **Ensure essential services continue** (maternal & child health, GBV, child protection)

- **Working with women's/children's rights orgs and networks** to understand how they are already connecting and support that

- **Expand entry points** – including consideration of non-traditional entry points
  - Health sector, safety and security sector, WASH

- **Advocate for continued key services**, especially in light of potential funding shortages
  - i.e. social protection systems, distribution of in-kind support

A suggested research & learning agenda

01. Understand the magnitude of the problem:
- How do rates of diverse types of violence respond to pandemics?
- What populations are most at risk & how do these map onto existing economic & social vulnerabilities?

02. Make clear the mechanisms & linkages with other social & economic factors:
- What evidence of diverse pathways appear important for different populations?
- How might social norms & collective behaviors matter for pathways and mitigation of VAW/C experiences?

03. Inform intervention & response options:
- Are policies and programs effective in mitigating against increases in VAW/C?
- What is the value for money or cost-effectiveness in implementing successful approaches?
- How does the timing, duration & intensity of intervention affect short- medium- and long-term experience of VAW/C & future wellbeing?

An analysis of DHS data from 24 countries over 8 years found that **only 7% of survivors** reported to a formal source.

While more will tell close friends or family, the vast majority will stay silent.

Thus -- reported cases do not signify the scale of the issue before us. They are the '*tip of the iceberg*'.

As core disaster response guidelines advise, we must assume multiple forms of violence are happening and act accordingly.

Sexual abuse is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal, manipulative or coercive conditions.

Sexual Exploitation is any actual or attempted abuse of a position of vulnerability, differential power or trust, for sexual purposes, including but not limited to profiting financially, socially or politically from the sexual exploitation of another.

Protection against sexual exploitation & abuse (PSEA)

"EMPOWERED AID": LEARNING FROM PARTICIPATORY ACTION RESEARCH IN LEBANON & UGANDA

- Exploitation may occur at all points of the distribution process (travel, information/communication, registration, safely storing aid)

- Reported across all types of aid: food, cash assistance, shelter, WASH, fuel

- Range of perpetrators: aid workers, taxi drivers, contractors, religious and community leaders, landlords, government employees

- Groups most vulnerable include: adolescent girls; women & children alone/ unaccompanied; "attractive"; elderly women; widows; impoverished

"She might go to the center or to the organization to receive the assistance and the employee there might ask her to do something in order to grant her the assistance, although she is registered and has the right to take the assistance, he asks for something in return, he might ask her to go out with him, for example… she is obliged to."

- interview with adolescent girl, Lebanon

Seeking help is often extremely difficult, especially for children

- Seeking help can be limited by lack of awareness, normalization of SEA, victim-blaming, and fear of losing aid, as well as confusion around actual role of perpetrator.

- Families sometimes view survivors as responsible for their own exploitation

"I don't think that she referred to anyone. How can she make a complaint about him, if it was consensual? Of course, he asked for something in return for installing a water tank for her."
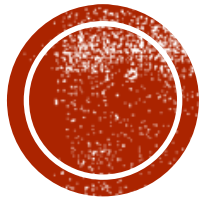
– Interview with adult woman, Lebanon

PSEA + "SAFEGUARDING"

- Survivor-centered

- Services should be in place, and access to them not dependent on disclosure

- Build on case management models & leadership of women's rights & child protection organizations

- It's not about finding a few 'bad apples' – it's about making the whole system safer

RECOGNIZE WOMEN & CHILDREN AS EXPERTS IN SAFEGUARDING

Pictured: Community mapping & body mapping as part of Empowered Aid participatory activities.

"We are no longer talking about just responding, but are collectively generating ideas on how do we prevent the risks for women and girls, and how are we mitigating those risks before they even happen. It's the women and girls who will be telling us that these are the risks, they will be the same people who are generating solutions for these risks."

- Empowered Aid national research manager, Uganda

RESOURCES

- Alianza para la Protección de la Infancia en la Acción Humanitaria. (2020) "Nota técnica: Protección de la infancia durante la pandemia de coronavirus", versión 1. https://alliancecpha.org/en/COVD19

- Berman, G. Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic. Innocenti Discussion Paper 2020-01. UNICEF Office of Research – Innocenti, Florence, 2020. https://www.unicef-irc.org/publications/pdf/DP%202020-01.pdf

- MADRE. (2020) "From Global Coordination to Local Strategies: A Practical Approach to Prevent, Address and Document Domestic Violence under COVID-19 Briefing Paper." https://www.madre.org/sites/default/files/PDFs/From%20Global%20Coordination%20to%20Local%20Strategies.pdf

- Peterman A, Potts A, O'Donnell M, Thompson K, Shah N, Oertelt-Prigionea S, Van Geldera N. (2020) "Pandemics and Violence Against Women and Children." Washington, DC: Center for Global Development. www.cgdev.org/publication/pandemics-and-violence-against-women-and-children

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