COVID 19: Policy Brief

Strengthening efforts to prevent and respond to sexual and gender-based violence

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Sexual and gender-based violence (SGBV) is one of the most widespread human rights abuses worldwide, affecting one third of all women in their lifetime. This includes a wide range of sexual violence, such as rape (including marital rape), sexual harassment, and abuse, defilement, denial of the right to use contraception, forced abortions, forced sex work, among others. Women, men, boys and girls can be victims and perpetrators. In Uganda, women and girls are primary victims of SGBV due to the patriarchal nature of the society, and differences in power between males and females, including perceptions of male sexual entitlement.

These inequalities are often exacerbated by emergencies, exposing women and girls to unique risks and vulnerabilities. Emergencies disrupt existing protective structures and create multiple circumstances than can lead to various forms of violence, abuse, and exploitation. Pandemics also intensify other forms of violence and discrimination. For Example women with disabilities are two times more likely to experience violence from partners and family members than women without disabilities, and up to 10 times more likely to suffer from sexual violence. Experiencing SGBV has been associated with a host of negative health, psychosocial, and developmental outcomes in the lives of survivors—both in the short-term as well as the long-term.

SGBV is considered a violation of human rights due to its effects on the survivor. Uganda is party to a number of International Human Rights Instruments, which promote human rights and gender equality. The Government has put in place legal, policy and institutional mechanisms to prevent and respond to GBV including the Domestic Violence Act, 2010, Prevention of Trafficking in Persons Act, 2009, the Prohibition of Female Genital Mutilation Act, 2010. Government with support from development partners has implemented and continues to implement programmes to prevent and respond to sexual and gender-based violence.

The COVID-19 pandemic however, has unearthed the challenges of prevention of cases of SGBV such as limited awareness of human rights among the population. According to the SGBV bi-annual police report, there was increase in cases of some categories of violence especially domestic violence and aggravated domestic violence leading to death during the COVID-19 lockdown. SGBV prevention, response, and risk mitigation therefore represent essential and life-saving components during the pandemic and in the long run.
Covid-19 and SGBV

The context of containment of COVID-19 presents new challenges for preventing and responding to SGBV. Extended quarantines, social distancing and other measures linked to COVID-19 have led to increasing reports of intimate partner violence, violence against children and other forms of domestic violence. As women lose incomes as a result of Covid-19 and become more domesticated, they also become more vulnerable to underlying inequalities in the country’s socio-economic set-up, of which SGBV or violence against women (VAW) is a primary one of them. Further, COVID-19 and containment measures have led to widespread job loss, economic strain, disruption of normal routines, and ongoing stress associated with actual or potential illness. All these factors are likely to increase violence in homes and communities. Women and girls are more than twice as likely to experience sexual violence as men (Uganda Demographic Health Survey 2016).

In light of the highly contagious nature of COVID-19, SGBV survivors are exposed to an increased risk of infection if they experience violence at the hands of individuals who are currently transmitting the disease. Thus SGBV incidents in the context of COVID-19 are a double edged sword as they lead to potential harm in the form of COVID-19-related illness, in addition to the substantial impacts associated with violence itself.

Girls also face unique risks to SGBV exposure in light of COVID-19. School closures as a result of the pandemic imply that girls miss out of the protective elements associated with formal education such as life skills, access to essential information, and connections with existing referral pathways and forms of support. Out-of-school girls are also more likely to experience various forms of violence at the hands of relatives, neighbors, or those within their communities. Families facing limited financial resources are also more likely to place girls in situations of child, early or forced marriage, or exploitative labour as a possible coping mechanism.
How big is the problem?

In Uganda, 22% of women experienced sexual violence during the lockdown and the incidences of Gender Based violence increased by 60% percent between January and June 2020 compared to the whole of 2019. The Uganda Police Report, showed that 6,888 children were defiled by end of June 2020, of whom, 6,805 were female and 83 were male implying the need to have deliberate strategies to protect girls since these high defilement cases lead to early marriage due to consequences of teenage pregnancies. At least 88% of GBV perpetrators were close relatives including spouses, parents, and other relatives. Although reported cases represent only a fraction of the actual number of GBV incidents, available data suggests that cases are rising. For example, reported cases of GBV increased by 30% in France, 25% in Argentina, 30% in Cyprus, and 33% in Singapore since the start of the pandemic. In Nigeria there was a 149% monthly increase in reports of GBV cases following the introduction of lockdowns at the end of March 2020, while there was a significant spike in sexual offenses in Kenya in early April 2020. Focus group interviews in Kyankwanzi and Wakiso by ARUWE revealed that at least 70% of women suffered violence during lockdown.

Across Uganda, cases of child transactional sex, early marriage, child pregnancies, and child recruitment and trafficking as a result of the pandemic were reported, further worsening the plight of children. Media reports and household surveys during the COVID-19 pandemic indicated that between March 2020 and June 2021, there was a 22.5% increase in pregnancy among girls aged 10-24 years seeking first antenatal care from 80,653 to 98,810. In Moroto lone, at least 6000 cases of teenage pregnancies were reported during lockdown, while in Kitgum at least 2,300 schoolgirls conceived and 128 were married. UNHCR (2020) survey in Kampala shows a 21% increase in teenage pregnancies and 18% in child marriages, leading to school dropout and other devastating health and social consequences for girls. The increase in teenage pregnancies registered during COVID-19 has implications for healthcare and the aspirations of the adolescents affected. Early sexual activity and adolescent pregnancies are associated with a higher risk of contracting sexually transmitted infections—especially HIV/AIDS and a likelihood of death due to childbirth complications, all of which can be worsened by lack of critical care occasioned by the pandemic.

Similar reports have been published during other health crises globally. For example, during the large Ebola outbreak in West Africa (2014–2015), as response efforts focused on containing the disease, there were reports of increased cases of violence. The accounts of violence were commonly sexual and gender-based violence against women and girls. In Guinea a 4.5% increase in sexual and gender-based violence was reported with twice as many rapes, while Sierra Leone and Liberia recorded more cases of gender-based violence.

Thus, COVID-19 is simultaneously threatening efforts to address broader structural gender inequalities and promote peace – key targets of the Sustainable Development Goals – requiring concerted efforts from the government and other stakeholders. In recognition of these issues, on April 5th, 2020, United Nations Secretary-General Antonio Guterres called attention to what he described as a “horrifying surge in domestic violence” since the start of COVID-19, and advocated for all governments to “put women’s safety first as they respond to the pandemic.”
What can be done?

Prevention services for SGBV

In light of the gendered dimensions of the COVID-19 pandemic, an integrated and context specific SGBV prevention approach should be implemented to address the root causes. Measures to protect women from violence must be a standard part of government responses to the pandemic, as well as longer-term recovery packages. Prevention approaches may include; community awareness, engaging with men and boys, promotion of women’s economic empowerment, as well as other efforts to change harmful social norms. Government should also ensure shelters stay open as essential services, or repurpose unused spaces to provide shelter to women and girls who are forced to leave their homes to escape abuse.

Response services for SGBV

In cases of SGBV, it is important to ensure survivors’ safe access to support services and emergency measures essential response services, but it has been curtailed amid lockdowns. These include; legal assistance and judicial remedies, case management, temporary shelter, and urgent medical care. Specific efforts should be made for school health and protection services to connect learners with services dedicated to providing psychosocial and legal support. Community leaders, parents, caregivers and teachers should receive appropriate training to manage confidential discussions with children who have been affected by SGBV.

Supporting psychosocial wellbeeing of victims of SGBV

Providing mental and psychosocial support to survivors of SGBV should be prioritized by the government and all actors in order to address issues of trauma or other psychosocial needs that emerge through the pandemic. Efforts to address stigma related to COVID-19 will need to be highlighted, including focusing on racially-motivated stigma and those who have been affected, or have cared for people with COVID-19, a role notably taken on by girls and women.

Safe space for women and girls in school and out of school

There should also be establishment of safe spaces and child-friendly reporting mechanisms. Ensuring protection from physical, psychological and sexual violence remains a critical part of providing a safe and gender-responsive environment for women and girls, including those in school. Community-level and school-level policies on preventing and responding to all forms of violence must be established or revitalised in light of the new challenges posed by COVID-19, using national policies as a guide.
Recommendations.

1. GOVERNMENT AND POLICY-MAKERS should prioritize SGBV services as an essential and lifesaving component of the humanitarian response to COVID-19, including ensuring that necessary services remain open and operational in order to enable targeted, safe, appropriate, and high quality SGBV interventions to take place.

2. ALL ACTORS should raise awareness of SGBV prevention and referral protocols for responding to cases of GBV in the midst of COVID-19. Awareness-raising materials and approaches should be context-specific, and adapted to promote inclusion based on factors such as age, language, literacy level, disability, access to technology, and other potential areas of vulnerability.

3. ALL ACTORS should encourage the use of safe spaces to report violence, provide social support measures including provision of psychosocial support services for victims or survivors of SGBV, and putting in place SGB information services about security/crime, and access to medication and health services for survivors.

4. GOVERNMENT AND IMPLEMENTING ORGANIZATIONS should support domestic violence shelters as essential services, providing psychosocial care services for victims or survivors of SGBV, counseling services, and other related helpline services. Considering restrictions associated with COVID-19, the use of online platforms to report violence should be developed to ensure that victims of abuse have access to legal and support services.

5. IN CONSIDERATION OF LIMITED DATA AVAILABILITY, ALL ACTORS should ensure gendered programming, including collection of gender disaggregated data, in order to better understand the differential experiences of affected individuals and communities, and to guide gender-informed action in the short, medium and long-term.

6. ALL ACTORS should support programs aimed at enhancing women and girls participation in decision making around all areas of policy design and implementation. This will ensure that SGBV prevention, response, and coordination approaches are carried out in a way that is context-specific, sustainable, and adapted to the gendered dimensions of the COVID-19 pandemic.

7. GOVERNMENT AND DONORS should allocate direct funding to women’s organizations working to address SGBV and advance gender equality, in order to ensure the responsiveness of programming to the needs and priorities of women and girls.

8. ALL ACTORS should ensure that economic stimulus packages and social protection services have targeted assistance for women and girls, and subsequently implement programs to support women’s economic empowerment so as to reduce their vulnerability.
Support is urgently needed for women and girls experiencing violence during the pandemic.

Government should ensure that services for survivors are regarded as essential, remain operational, are adequately resourced to enable targeted SGBV support.

Make urgent and flexible funding available for women’s rights organisations and recognize their role as first responders.

Economic stimulus packages and social protection services have targeted assistance for women and girls.

women voice and participation in decision making

References


Action for Rural Women’s Empowerment (ARUWE)
P.O. Box 28564 Kampala, Uganda.

Emails 1: aruwe@aruweug.org
2: aruwe.aruwe@gmail.com
Website: www.aruweug.org