

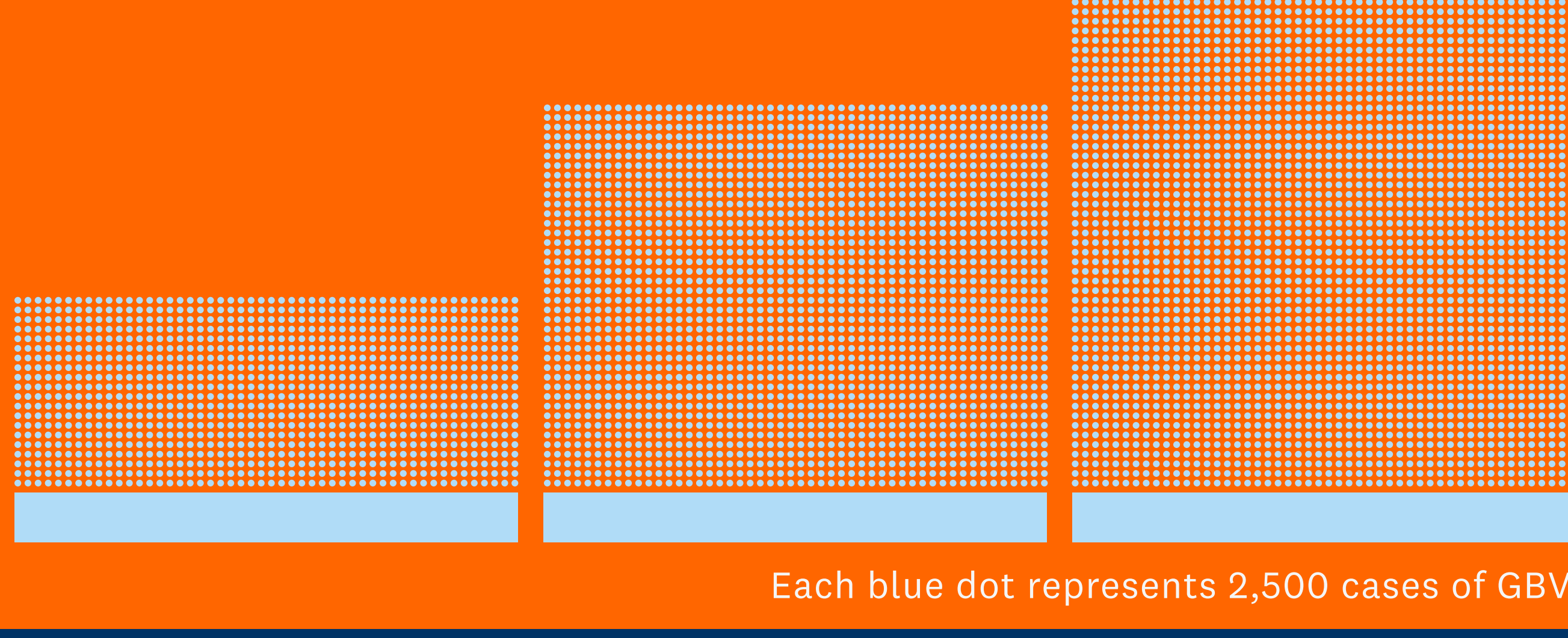
Gender-Based Violence (GBV) Response Services: Getting it right



COVID-induced restrictions and their economic impacts (unemployment, job insecurity, etc) have increased women's experiences of intimate partner violence, and reduced survivors' ability to access services.

But there are countries that are getting it right. If we respond to multiple and intersecting inequalities, we can deliver effective coverage and support survivors.

Every three months of lockdown can lead to an additional 15 million cases of GBV, according to modelling from UNFPA.

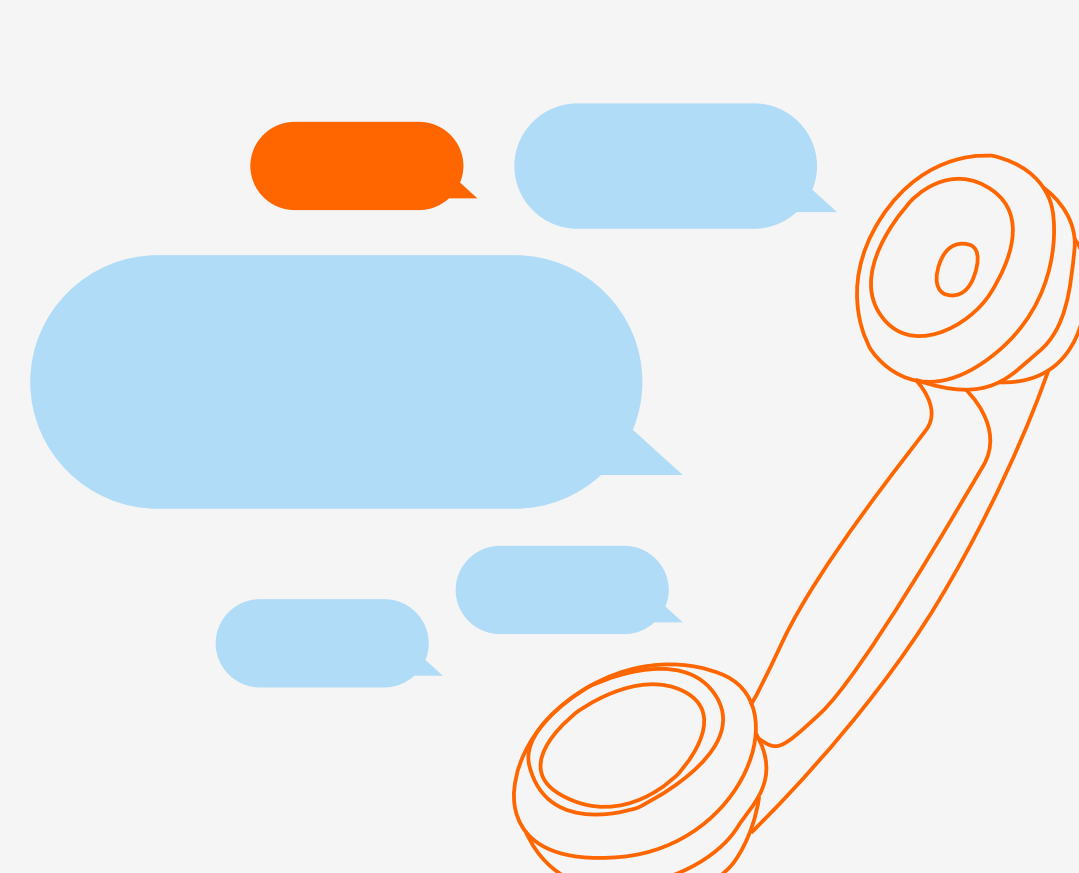


Each blue dot represents 2,500 cases of GBV.

COVID-19 responses have led to **increased risk** of GBV, while diverting funding and support away from women who were already vulnerable to violence.

Perpetration and experiences of GBV have increased

Helplines all over the world, including **Singapore, Mexico City** and **Cyprus** registered an increase in domestic violence calls by more than 20-30% during lockdowns.



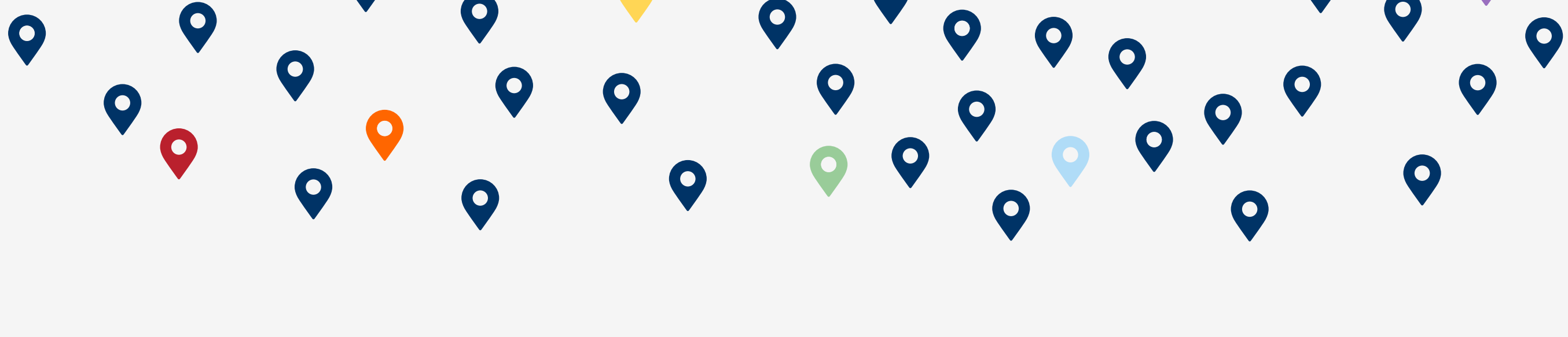
Over half of women experiencing violence reported an increase since the lockdown in rural **Bangladesh**, and perceived increases have been reported at the village level in rural **Uganda**.

Specific groups – including women healthcare workers, women with disabilities, LGBTQIA+ people, sex workers and migrant women – have heightened risks for GBV

Physical and verbal attacks on healthcare workers have increased. Amnesty International reported that in **Mexico**, a nurse was attacked with chlorine, and in the **Philippines**, a hospital utility worker was attacked with bleach.



LGBTQIA+ people across 38 countries have reported higher risk of family violence and abuse during lockdowns and quarantines, due to forced cohabitation with unsupportive family or abusive partners.



Survivors, including women facing intersecting inequalities, encounter reduced resources and access to essential health services

According to a Marie Stopes survey of women in **India**, 1 in 5 of respondents seeking an abortion service (21%) or contraceptive services (18%) reported not being able to attend a face-to-face appointment for fear of leaving their home whilst experiencing domestic abuse.



In **Mexico**, Indigenous and Afro-Mexican Women were left without support from shelters as the government delayed the annual payment for National Shelters during the pandemic, despite higher rates of violence among these women.

Some countries have been able to maintain and adapt GBV response services to address multiple and intersecting forms of inequalities, delivering effective coverage

GBV response services have been maintained as essential and ramped up with additional resources

In several countries – including **Solomon Islands, Dominican Republic, Fiji, Costa Rica, Portugal, Tonga** and **Canada** – domestic violence services were declared essential services so that they could keep running.



“Community-level service delivery for survivors of GBV accelerated in **South Africa**, with dedicated focus on women in the informal economy, as well as women and girls affected by HIV and AIDS”

Innovative access points and digital options for GBV response services have improved accessibility for some women

Countries such as **Guatemala, India, Spain, France** and **South Africa** have piloted and supported innovative methods to provide services to survivors such as colour-coded flags, wordless signs for help (such as hand-signs or symbols), code words (Mask19), banning alcohol sales, discrete service providers at pharmacies and markets, discrete or hidden apps, and online counselling.



Mask19

In **Argentina** and **Chile**, the Federal Government partnered with WhatsApp to launch a “silent call center” with trained attendants so that women who are at home with the perpetrator can reach out for help without the risk of being overheard.

France, Italy and **Argentina** established partnerships with hotels to provide temporary shelters for survivors.

In best-practice, GBV support services consider the heightened risks of specific groups, including women with disabilities, transgender women, sex workers, and migrants.



In **Papua New Guinea**, UN Women and partners are working to improve counselling and case management services with a focus on women with disabilities.

Portugal opened 2 new emergency shelter facilities, including specialized services for LGBTQIA+ people, men, women with mental illness and with disabilities.