WED Lab Special COVID-19 Webinar Series

Webinar Date: July 02, 2020 Click <u>here</u> for the Webinar Recording

Featured Panelist:

- Professor Kathryn Yount (Emory University)
- Wilson Hernandez (GRADE)
- Dr. Chi Chi Undie (Population Council and SVRI)



COVID-19 and Gender Based Violence in the Global South

A recurring theme in discussions around the effect of the COVID-19 pandemic on women and girls is the concern that the crisis is triggering a rise in Gender Based Violence (GBV). As is likely also true of violence against children and against the elderly, this increase is driven by multiple factors. The severe economic crisis is bestowing unprecedented economic hardship on households. Financial strain is a known cause for domestic violence. But the nonpharmaceutical interventions induced as COVID-19 mitigation strategies have locked people down in their homes and children out of schools. These added strains are also believed to be robust predictors of intimate partner violence.

Our panel of experts provided evidence around the incidence of GBV and its many datarelated limitations. The impact of the COVID-19 pandemic on GBV has already generated a number of research papers that fail to find conclusive widespread generalizable trends. While a number do find an increase in incidence, a nearly commensurate number find a nil or even negative effect. Methodological challenges may limit factors, as Dr. Kathryn Yount underlines, namely around the difficulties of reporting GBV. Many data sets on reporting are administrative datasets that document calls to dedicated hotlines like Peru's Linea 100. With partners in close proximity during lockdowns, women may be less likely to report victimization. Such administrative data will likely under-report incidence, though in the Peruvian context, preliminary results presented by GRADE's Wilson Hernandez, show an increase in calls, and significantly more in jurisdictions that were subject to lockdowns than in those that were not. Meanwhile, Dr. Chi Chi Undie of the Population Council detailed the many ways in which data collection by independent researchers is severely limited by the pandemic. Most notably, remote surveys will suffer the same limitation as hotlines: the lockdowns have removed the privacy necessary for women to answer GBV questions safely.

Research Priorities

Priority 1:

A key research priority is how to collect the information around GBV in an ethical and effective way to produce high quality and accurate data without risking the lives of the women respondents. Similarly, efforts should be placed to complement cross-sectional and qualitative research with rigorous estimation methods with robust identification strategies to better understand the causal pathways between the multiple stressors brought about by the pandemic and GBV. Who is calling helplines and seeking support, and how is this support effective at reducing incidence of violence?

Priority 2:

The impacts of the pandemic on GBV is likely to be both long-term and heterogenous. Research efforts should distinguish between short-term and long-term impacts and explore the differential impacts on different groups. The majority of current investigation is around violence against women, but children

who are at home due to school closures as well as the elderly are also at greater risk of violence. Similarly, other forms of violence, including self-harm, may also respond to the increased stresses and strains of lockdowns and financial hardship.

Priority 3:

Non-pharmaceutical interventions like the lockdowns may have implications for relationship dissolutions. Separation may be more difficult in a lockdown context, leading to violence instead of dissolution. If Intimate Partner Violence has a causal negative effect on the probability of women exiting the relationship, the impact of the pandemic on GBV will play itself out over the long-term.

Policy Implications

Implication 1:

Social protection programs, such as cash transfers, that redress the financial hardship experienced by at risk families could play a key role in reducing the incidence of GBV. At the same time, a key tension is how to transfer sums to women or empower them otherwise in a way that does get captured by their partners. In non-pandemic times, social protection programs aim to work with men to minimize backlash and appropriation of transfers targeted to women, but this work is difficult in lockdown contexts.

Implication 2:

The public health system provides services to at risk women and victims of GBV, and these services must be considered essential during lockdown periods. Access to shelters, for example, was already precarious in non-COVID times but may be even more necessary now. Some countries have explored state-provided hotels to serve as shelters.

Implication 3:

Remote (internet) technology could play an important role in logging, documenting, and investigating reports of violence. Remote technology could also be used to connect victims and at-risk women and children to social networks. At the same time, men and boys who are now idle at home may have more access to internet content that promotes violence against women.

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