



# **Gender-Based Violence during a Sanitary Crisis: The Case of Covid-19**

Algeria, Egypt, Jordan, Lebanon, Morocco, Palestine and Tunisia

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## **BACKGROUND and RESEARCH FRAMEWORK**

Historically, socio-economic and security implications of crises have been far more pronounced for women and girls. The COVID-19 pandemic and its consequences have even challenged the gender equality gains of recent decades. The social isolation measures necessary to overcome the COVID-19 pandemic have had serious repercussions in many homes. Not only have these measures increased the number of women who are victims of domestic violence, but they have also limited the chances of those who are more vulnerable to seek help safely.

As early as March 2020, a plethora of research was launched throughout the world to rapidly assess the impact of the COVID-19 pandemic and subsequent lockdowns on the economy, society, environment, education... with a special interest on the consequences on women and girls on issues of gender equality, access to economic resources, social and family responsibilities, Gender-Based Violence/GBV.

The findings of this work, resulting primarily from existing knowledge and statistical data and analysis of the causes of Gender-Based Discrimination and Violence, outside the realm of this sanitary crisis and related lockdown, have made it possible to: assess urgent needs to be addressed, emergency plans to be drafted, develop advocacy strategic interventions and/or policy briefs to mobilize both public opinion and resources to meet emergencies for the protection and safety of women and girl survivors of GBV.

Social distancing policies and mandatory quarantines required to contain the spread of virus, increased the risk of exposure to intimate partner's violence given the increase in time shared by perpetrator and victim; increase in conflicts due to promiscuity, exposure to prolonged violence without interruption by normal daily activities and the isolation of the victim. In their essence, the barrier measures taken to combat the COVID-19 pandemic pave the way to the GBV increase. And with the various COVID-19 waves and subsequent lockdown measures in the different countries, the interrogation would then be whether the GBV rates will follow the same increase pattern with parallel intensity and speed?

In this context, the purpose of this Rapid Assessment on Gender-Based Violence during a sanitary crisis with the example and experience of the COVID-19 pandemic, conducted by CAWTAR was to take stock of the situation and assess the multiple effects of confinement due to a health crisis on women and girls, including economic impacts, where possible, confirming the hypotheses as to the causes and consequences of this violence. The analysis of the phenomenon of GBV increase and intensification and more particularly Domestic Violence, was done through a comparative temporal dimension: before the emergence of the coronavirus pandemic, during the lockdown this pandemic caused and after its lifting which in most countries, was not a true lifting. The seven countries covered are Algeria, Egypt, Jordan, Lebanon, Morocco, Palestine and Tunisia, with a sample of one thousand respondents covering women and concerned stakeholders. The consultations with women and stakeholders allowed the proposal of solutions ensuring women's needs (in terms of protection, security and health services) are met and rights considered in the proposed measures.

## THE CONCEPTUAL FRAMEWORK

While there is no universal definition of GBV—i.e. there is no legally binding definition of GBV, the definition selected for the study is the one specified in the Declaration on the Elimination of Violence Against Women/DEVAW<sup>(1)</sup> and widely accepted definitions of Intimate Partner Violence<sup>(2)</sup> and Sexual Violence.<sup>(3)</sup> Gender-Based Violence includes the word gender because most victims of interpersonal violence are women and perpetrators are men. The three criteria<sup>(4)</sup> that differentiate GBV from other forms of violence including against women are that it is a **Sex Based Discrimination with an imbalanced gender relationships** and distribution of power between the perpetrator of (man) and the survivor of violence (woman), benefitting from Societal Tolerance whereby GBV is tolerated, accepted and in many times justified since it falls under the private life sphere. Though recognizing that others forms of Violence exist, Violence Against Women shall be understood to encompass, but not be limited to,<sup>(5)</sup> the physical, sexual and psychological violence occurring in the family, occurring in the **general community**, perpetrated or condoned by the State, wherever it occurs.

## THE CONTEXTUAL FRAMEWORK

Thanks to the relentless work of grassroots organizations Violence Against Women has moved from the private domain to public attention to become the duty and responsibility of the State. In that context, more than 40 countries conducted at least two surveys in the period between 1995 and 2014, which means that, depending on the comparability of the surveys, changes over time could be analyzed<sup>(6)</sup> including in the MENA Region.

An estimated 1-in-3 women will experience physical or sexual abuse in her lifetime which does not know social, economic or national boundaries.<sup>(7)</sup> While global data estimates<sup>(8)</sup> that 35% of women report having been exposed to physical or sexual violence by their intimate partner or by others (7%) during their lifetime, in some countries, the VAW rate is as high as 70%<sup>(9)</sup> with nearly 4 out of every 10 women worldwide being killed by their partners.<sup>(10)</sup>

There are various forms of violence that women may be exposed to. At least 200 million women and girls alive today have undergone Female Genital Mutilation/FGM in the 30 countries with representative data on prevalence. In most of these countries, the majority of girls were cut before age 5.<sup>(11)</sup> Other forms of Violence are child marriages often resulting in early pregnancy and social isolation, interrupting schooling, limiting the girl's opportunities and increasing her risk of experiencing domestic violence.<sup>(12)</sup>

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1. United Nations General Assembly. Declaration on the elimination of VAW. Proceedings of the 85th Plenary Meeting, Geneva, Dec. 20, 1993. United Nations General Assembly.
  2. VAW: Intimate partner and sexual violence against women, WHO Fact sheet. Updated November 2017, <http://www.who.int/mediacentre/factsheets/fs239/en/>
  3. Idem
  4. UNFPA, Gender Task Force, 1998
  5. Declaration on the elimination of VAW (Article 2) <http://www.un.org/documents/ga/res/48/a48r104.htm>
  6. World Bank Group (2015). Women, Business and the Law 2016, database quoted in <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>
  7. <https://www.unfpa.org/gender-based-violence>
  8. updated by the WHO in November 2017
  9. Global Database on Violence against Women <https://evaw-global-database.unwomen.org/en>
  10. Violence Against Women: Key facts, 29 November 2017, <https://www.who.int/fr/news-room/fact-sheets/detail/violence-against-women>
  11. UNICEF (2016). Female Genital Mutilation/Cutting: A global concern.
  12. UNICEF (2017). Is every child counted? Status of Data for Children in the SDGs, p. 54. quoted in Facts and figures: Ending violence against women <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>

The percentage of women in the MENA region, who have experienced at least one form of violence in their lifetime is 37%, making it the second highest prevalence in the world with some indicators ranking higher.<sup>(13)</sup> GBV encompasses many types of violence of which the most frequently reported in the Arab region is domestic violence. Women and girls account for 70% of all known victims of trafficking, 50% of whom are adult women, 2 out of every 3 children trafficked are girls. In the Arab region rapists often receive clemency or are even acquitted if they accept to marry their victims. Indeed in a number of Arab countries, legal provisions in the Penal Code allowed rapists to avoid prosecution if they married their victims but many of them repealed, following civil pressure. More than 6 out of 10 women survivors of violence refrain from seeking support or protection of any kind. The others who do speak out, turn to their family and friends for such support or protection.<sup>(14)</sup>

## GBV & COVID-19

### Throughout the world

The COVID-19 pandemic with its lockdown and other measures and constraints led to a parallel GBV pandemic which was called also by the UN Women when launching its public awareness campaign in May 2020 a “shadow pandemic”. According to UN Women and its sources, calls to hotlines increased fivefold in some countries reporting the increase in intimate partner violence during the COVID-19 pandemic.<sup>(15)</sup> Furthermore, according to UNDP, women comprise 75% of the health workforce in the world further adding to their work load the burden of the infection risk.<sup>(16)</sup>

It is worth noting however that after the ad-hoc interventions imposed by the emergency situation of the lockdown and its aftermath during the first-half of 2020, in September of the same year, 48 countries had integrated prevention and response to VAWG into COVID-19 response plans, and 121 countries had adopted measures to strengthen services for women survivors of violence during the global crisis, but more efforts are urgently needed.<sup>(17)</sup>

### In the 7 covered countries

According to the WHO in November 2020, over 2.76 million people have been infected in the MENA region. “This global pandemic added another strain on the already politically and economically struggling region.”<sup>(18)</sup> These data are not sex-disaggregated however, some hypothesis related to women’s infection rate could be extrapolated from the key population group’s distribution: 8 M pregnant women, 107 M women of reproductive age, 114 M young people (age 10-24) and 21 M older persons (age +65). The MENA region has been able to cope with relatively low COVID-19 morbidity and mortality rates compared to other regions, although countries that have previously appeared as having some level of control over the pandemic, have since experienced a sharp increase.<sup>(19)</sup>

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13. <http://www.who.int/reproductive-health/publications/violence/en/index.html> et autres sources

14. Global Database on Violence against Women <https://evaw-global-database.unwomen.org/en>

15. UN Women (2020). Intensification of efforts to eliminate all forms of violence against women: Report of the Secretary-General (2020), p. 4

16. Emma Pearce: Care International, 2020 quoted in Disability Considerations in GBV Programming during the COVID-19 Pandemic, GBV AoR, [https://gbvaor.net/sites/default/files/2020-03/Disability%20Considerations%20in%20GBV%20programming%20during%20COVID\\_Helpdesk.pdf](https://gbvaor.net/sites/default/files/2020-03/Disability%20Considerations%20in%20GBV%20programming%20during%20COVID_Helpdesk.pdf)

17. Facts and figures: Ending violence against women <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>

18. <https://www.statista.com/topics/6169/coronavirus-covid-19-in-the-middle-east-and-north-africa/>

19. Arab States Region COVID-19 Situation Report No. 9 (Reporting Period: 1-31 October 2020): Regional Highlights <https://reliefweb.int/report/algeria/arab-states-region-covid-19-situation-report-no-9-reporting-period-1-31-october-2020>

## THE LEGAL FRAMEWORKS & POLITICAL COMMITMENT IN THE MENA REGION

International Conference on Human Rights (Vienna, 1993), the International Conference on Population and Development/ICPD (Cairo, 1994), the Fourth World Conference on Women (Beijing, 1995) gave priority to the issue of GBV, that threatens the lives, bodies, psychological integrity and freedom of women.<sup>(20)</sup> It has been integrated into the Development framework to quote the Millennium Declaration and the Millennium Development Goals/MDGs (2000) as well as the Agenda 2030 and the Sustainable Development Goals/MDGs (2015).

Arab States obligations to international conventions and agreements concerning gender equality in international law range from ratification to reservations that render it null and void. As a matter of fact, with variations from one country to another, it can be said that Arab States have not hesitated to ratify a large number of international human rights conventions (including CEDAW – except Sudan) and treaties and a number of optional protocols. However, the failure to translate international commitments into national commitments, even when there are no reservations, is obvious for most countries, whether these commitments concern public or private life.

Non-discrimination and equality are stated in most national constitutions and although there are provisions related to Violence Against Women and Girls in the criminal, civil and administrative laws of most countries, they are often insufficient given their limitations in definitions, scope, treatment and implementation. In most Arab countries, there are no laws dedicated to dealing with Violence Against Women/Domestic Violence except for some of them namely: Jordan (2008), Kurdistan-Iraq (2011), Saudi Arabia (2013), Lebanon (2014), Algeria (2015), Tunisia (2017), Morocco (2018) and Kuwait (2020).

## RESEARCH METHODOLOGY AND TOOLS

### The Methodology

- A desk review to take stock, assess and analyze data, statistics, information and any kind of literature as well as any related initiative; measures taken by both governmental and non-governmental organizations at national, regional and/or international on the circumstances and consequences of GBV before COVID-19, during and after the lockdown period targeting women (GBV survivors or not) through a sample and/or GBV NGOs, shelters... and other GBV service providers, women mechanisms, ministries of health and any other concerned stakeholders (both rights-holders and duty-bearers).
- A Rapid assessment/poll on the same topic and with the objectives. RAP is a process and a way to investigate complicated situations, where issues are not well defined and where there is not sufficient time or other resources for long term, traditional qualitative research.<sup>(21)</sup> RAP is defined as intensive team-based qualitative inquiry on a case study approach using multiple techniques for data collection, iterative data analysis and additional data collection to quickly

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20. Ending Widespread Violence Against Women: UNFPA 2007, <https://www.unfpa.org/resources/ending-violence-against-women>

21. <https://www.slideshare.net/JamesBeebe/rapid-assessment-process-1st-edition>

develop a preliminary understanding of a situation from the insider's perspective.<sup>(22)</sup> Through a selected sample the RAP allows to organize the needed information collected by telephone and through Key Informant Interviews/KII. The Rapid Assessment targeted two groups: 1) Women, whether declared survivors of violence or not, directly or through associations, and 2) Stakeholders i.e. decision-makers, advocates or service providers from government institutions or civil society associations.

- A stakeholder analysis through virtual brainstorming meetings, one for consultation and information and the other to discuss the preliminary findings and select priorities and recommendations and the final to present results.

## Research Tools

The questionnaire developed included a series of standardized questions that explore the question and collect demographic, opinion, attitude and behavioral information, to be conducted via telephone interviews. Two questionnaires were prepared: one targeting the women, GBV survivors directly and the second targeting governmental entities or non-governmental organisations working on GBV and potentially on COVID-19 during the lockdown. The sample of respondents was randomly selected with an initial number of 700 for women (100 from each one of the seven covered countries) and 100 for stakeholders. The final number comprised 841 women and 50 stakeholders from the 7 MENA countries, with two major cities in each country.

The assessment of the GBV was made through simple questions, first to know if the respondent experienced GBV or not, and second, which forms and types of GBV, in addition to concomitance and frequency, in different periods —before, during or after the COVID-19 lockdown. The impact of the COVID-19 lockdown was also assessed from the respondent point of view on impact on other rights of women and girls such as access to mental, physical and reproductive health services and/or to other resources. Relationships was also an area of interest of this category. As well as lack of knowledge and information about available services, one of the main barriers due to closure and a GBV aggravating factor, as highlighted in a large body of research conducted during this type of crisis and confirmed during the COVID-19 pandemic. Finally, it was crucial also to know the expectation of women/GBV survivors and stakeholders related to COVID-19 overall measures, GBV Prevention, protection and security and multisectoral services.

## RESEARCH LIMITATIONS

Operational difficulties were faced first regarding the implementation period (i.e. November 2020 for women and January 2021 for the stakeholders) with differing barrier measures taken in the seven countries or even within the same country. Technical difficulties were also experienced in the form of “absentee subscribers” and in the number of calls that had to be made i.e. 54,983 calls to women dialed, 54,142 outgoing calls unanswered to obtain a sample of 841 women.

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22. <https://methods.sagepub.com/reference/sage-encyc-qualitative-research-methods/n365.xml>

Moreover, some women expressed their lack of belief in studies and their mistrust of talking to a stranger over the phone. A great proportion of women refused to reveal their exposure to violence, particularly in Algeria and Morocco and categorically denied the existence of violence when others stated that even if there is violence, it is not in their immediate environment. To get around the “no, I have never suffered violence” obstacle, the respondent was asked if she knew another woman in her circle who had experienced it. One of the assumptions was that she would be more comfortable referring to another person even though she was sharing her own experience.

The initial country sample of stakeholders was at a minimum of 100, unfortunately despite preliminary consultations and mobilization the number reached was halved. The stakeholders —governmental institutions and non-governmental organizations—who accepted to participate completely or partially represents only 50 respondents (of which a majority is women, 88%). Out of the 1,849 telephone calls to stakeholders, only 46 were completed. The other 4 questionnaires were completed through the link sent to them. The decision was made to settle for the number reached, to avoid further delaying the study.

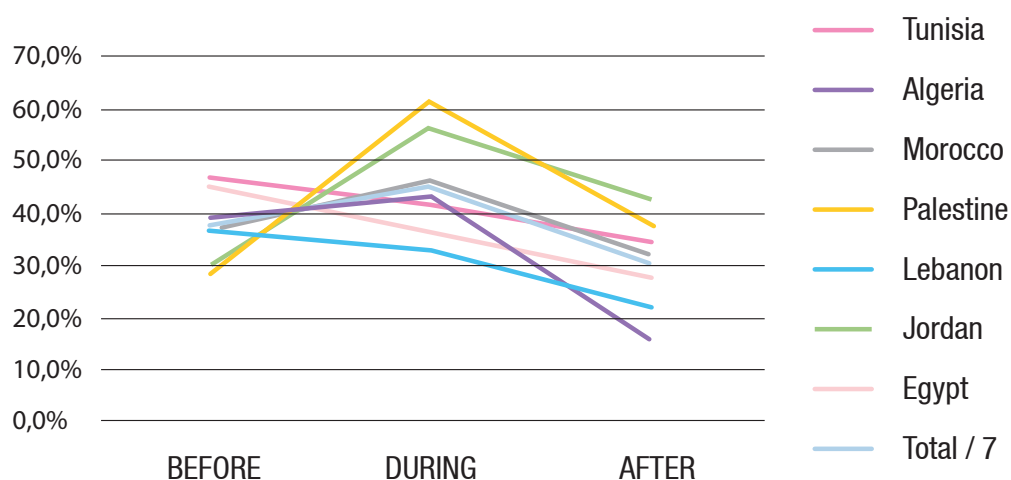
## THE FINDINGS

### GBV evolution Before, During and After the lockdown

Lockdowns and policies of both social distancing and domestic confinement have increased the risk of exposure to violence and to the intimate partners’ acting out, reaching its peak during this period. The impact of daily stress, at the individual, family and societal levels, due to the fear of disease, death, confinement and promiscuity, has led to family and domestic problems, with all its consequential conflicts at the couple and family levels. This situation, combined with barrier measures set to protect from disease contamination, have not protected women against the GBV pandemic, increasing insecurity for women survivors and impunity for perpetrators of GBV and its different types.

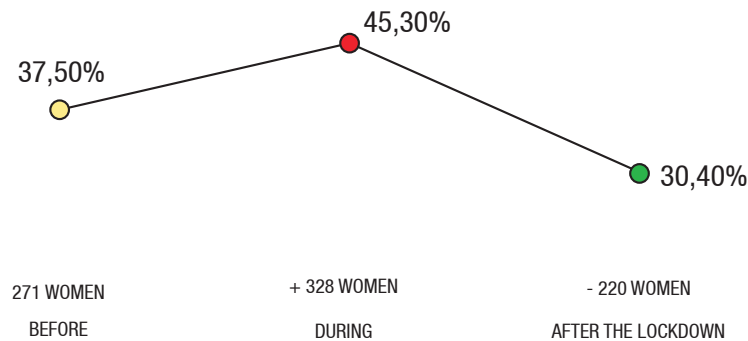
Before the COVID-19 pandemic, very close to global data, the regional prevalence was estimated at 37.5%, increasing to 45.3% during the lockdown, dropping to 30.4% after the lockdown was lifted, despite a heterogeneous lifting of lockdown between countries.

**Figure 1 - Comparative rates - before, during and after the lockdown per country**

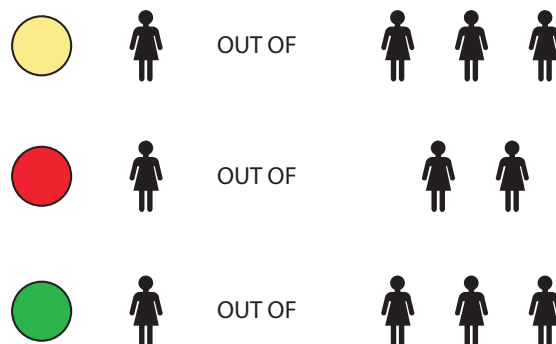


GENDER-BASED VIOLENCE  
DURING A SANITARY CRISIS:  
**THE CASE OF COVID-19**

The increase in Violence Against Women and Girls and GBV during the lockdown that was reported around the world and in the region was not a rumor or a fake. Of the regional average of 37%, young women (18-to 34-year old's) are the most affected by violence (41.5%), followed by adults (35-54) (39%) and seniors (55 and more +) (32.3%).



In terms of proportionality, the data evaluated are also almost identical to those found worldwide, especially for the period preceding the onset of the pandemic, with 1 in 3 women reporting having experienced violence. This violence increased during the lockdown to 1 in 2 women and decreased to 1 in 3 women when the lockdown measures were partially or fully lifted.



In the 7 countries covered by this assessment, married women seem to be less exposed than single women, with a rate of 34.5% and 39.3% respectively. However, other factors may aggravate their exposure to violence, such as the fact that almost half (49%) of the divorced, engaged or widowed women said they had been assaulted, confirming the fragility of their status in a patriarchal society where the father and the husband can be at the same time the aggressor and the protector. 45.9% of those who report having experienced violence have a primary level of education, followed by 34.6% with a secondary level and 37.9% having completed their university, confirming non-discrimination in violence based on education level. Women Workers experience more violence with a rate of 44.3% compared to 41.8% for women in training or students and 31.5% of housewives.

## Evolution of GBV types: Before, During and After the lockdown lifting

Defining types or forms of Gender-Based Violence is not always easy. Even if referring to the same concept, the definition differs from a country to another or between agency and/or organizations. The difficulty in classifying GBV is increased by the experience of the GBV survivor herself who can face at the same time several types and forms of GBV, particularly in the private space. For the purpose of this assessment five types of violence were considered i.e. Physical violence, Verbal violence, Psychological violence, Sexual violence and Economic violence.<sup>(23)</sup> The latitude was also left to the respondent to evoke another type of violence through the heading: other(s).

- **Physical violence** is the dominant type of GBV before lockdown (81.5%) with a significant increase during lockdown (51.1%) covering both respondents and women in their circle. Assault and battery are the most common form (+40%) of Physical Violence incurred.
- **Verbal violence** affects on average two thirds of the sample, all countries included. It is expressed in an almost similar way, in the form of insults or shouting, with rates of around 60% and 20% for the periods studied.
- **Psychological violence** is experienced by 34% of respondents before the lockdown. It increases by 23.2% in the form of threats, devaluation or even contempt. In absolute terms, it decreases after the lockdown is lifted, even though some of its forms increase relatively.
- **Sexual violence** was reported by around 11% of respondents who said they had experienced it before and after the lockdown, and only 3.4% during the lockdown. In fact, certain measures of the lockdown (confinement, social distancing, teleworking, etc.) have an opposite effect on certain types and forms of violence, especially those that occur in the public space. Thus, sexual harassment is at 1.9% during the lockdown, whereas it is close to 8.5% (before/after). This is related to the mobility that restarted in public spaces or the fact that people returned to work.
- **Economic violence** also varies with the decline in income. It was 17.9% before the lockdown, 9.8% during the lockdown and 12.1% after the lockdown was lifted. The women complained most about not having been able to get any kind of financial assistance and support as well as wage loss, often due to unemployment or the bankruptcy of certain companies. Some respondents complained that they were left alone to support their families.

## Gender-Based Violence perpetrator during/after lockdown

- 54.2% of the interviewed women said that the lockdown measures made their situation worse and that GBV intensified during this period. At least 15% of the GBV survivors consider forced coexistence with the perpetrator as the primary cause and consequence of this state of affairs. The increased time spent with the family during the lockdown has accentuated the acts of VAWG by family members (spouse, father, brother, son and even if rarer, mother and mother-in-law...) in number, intensity and multiplicity of perpetrators.
- The unfailing fact is that the intimate partner (husband, fiancé, boyfriend) remain first as GBV perpetrator before, during and after lockdown, with a response rate of 85% during lockdown and a tiny drop to 78.8% after the measures are lifted. The father comes in second (although there is a huge gap between the two) with 6.6% during the lockdown and 3.4% after the lifting of measures.

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23. Other types such socio-economic violence, domestic violence or in intimate relationships, harassment and sexual harassment are also considered as types of violence

- According to women, the change in GBV perpetrator occurs with regards to sexual violence, which is committed mainly by the intimate partner during lockdown and by other perpetrators before and after. The same is true for economic violence, which is perpetrated by family members and employers during and after confinement, making women's situation even more precarious.
- While some GBV forms in public space are minimal during the lockdown, they reappear once the measures are lifted both in the workplace and in the streets. They are still limited in public transport, probably because of social distancing and fear of contamination. In fact, if the forms of violence in the professional world have decreased during the lockdown to a rate of 2%, the return to work has it rising to 7%, characterized mostly by the sexual harassment exercised by both employers and colleagues.

## **Evolution of GBV and Impact of Lockdown on Frequency of Assaults**

The RAP includes an assessment of the women's appreciation or experience of the violence they were experiencing in terms of frequency per week, per month, or for the entire period of the lockdown and after it was lifted. These data are not intended to be used for generalizations but just to give an indicative sense of the responses recorded and therefore will only be valid in this framework.

36% of the interviewed women said they experienced violence every day during the lockdown period, 16% twice a week with equal percentages of 12% for "once a week" and "3 times for the entire period", followed by 1 time for the entire period with a percentage of 13% and 6% twice for the entire period. No woman reported being abused only once or twice a month. They however all confirmed that GBV had increased in frequency.

As for the frequency of GBV (types/forms) after the lifting of the lockdown measures, as in the previous period, 42.9% of the respondents said that they had experienced violence every day, compared to 19% who said that they had experienced it about "twice a week" and 12% "once a week".

## **Impact of the COVID-19 pandemic and its subsequent lockdown measures**

As anticipated in the hypotheses posed at the outset, in addition to the obstacles specific to the lockdown measures or because of it, the women experienced certain difficulties that prevented them from reporting the violence they had suffered, from asking for help or from filing a complaint during the lockdown period. 37.8% stated that the primary reason they did not seek help or file a complaint was fear. The majority stated that they felt watched reporting the impunity enjoyed by the perpetrator of GBV both within the family and with the relevant authorities. This was also confirmed by the stakeholders whose responses were very similar to the women's for most of the raised issues.

It should be noted, however, that the responses of stakeholders were sometimes stronger, which can be explained. In fact, it is more than common for women to feel more comfortable confiding their daily pain and suffering to a service provider they may or may not know as opposed to an anonymous phone operator conducting a survey. Thus, although stakeholders confirmed, as did the interviewed women, that GBV, both types and forms, increased during the lockdown, it seems according to the responses provided by the stakeholders, it did not decrease after the measures were lifted, as the women stated. It has been quite the contrary, including in the case of sexual violence.

## Access to services

As a reminder, most respondents (GBV survivors or not) reported not being very well informed or having much knowledge of government institutions or associations that work in this area. In fact, only 23% of women in all countries reported having heard of such entities. Knowing the field and the reality of individual and social circumstances, the causes of this “ignorance” or “non-recognition” are multiple related to the norm of silence and fear that surrounds this scourge. Sometimes this may be due to poor communication and/or limited dissemination of information about governmental and non-governmental organizations, or because of the nature of the services themselves, which must remain confidential for the safety of survivors of violence and their children, if any.

In fact, it seems that 83.4% of the women targeted in the 14 cities of the assessment, did not seek, find help, or benefit from the services required from organizations in charge of GBV. Only 16.6% of the women said that they had tried to access this type of services. 12.8% of the associations in the sample confirmed that during the lockdown, collaboration and access to services of all kinds for providers and service-seekers was limited.

Stakeholders participating in the assessment indicated that the obstacles encountered are mainly related to the economic situation that COVID-19 has created and from which they have suffered especially given the non-prioritization of GBV compared to other services considered vital (COVID-19). Women victims of violence had limited access to various care services, (medical, psychological, social or legal care), to security services (police or national guards)<sup>(24)</sup> or to legal protection and access to courts noting that some were closed during the lockdown (in flagrante delicto or otherwise). The difficulty cited first and foremost is the mobilization of specialists (26%) and the scarcity of services in place (24%). The inadequacy or non-application of the law is cited by 8%, while 6% of respondents consider with equal value to each that the difficulties are related to infrastructure, difficulties in moving and non-compliance with the set-out measures and rules. To a lesser extent (2%) difficulties in contacting associations, social coverage and fear were also mentioned.

## CONCLUSIONS

A number of known facts and hypotheses including the ones posed for this study, namely the potential or real increase of VAWG during the lockdown and the aggravating causes and conditions, have been confirmed. The women’s responses and those of the stakeholders were compared, which revealed a great deal of agreement on the common issues that were raised on both sides. Namely, the barrier measures lowered the risk of COVID-19 contamination but increased the risk of GBV endangering women’s safety and limiting their access to protection. Since women had the opportunity to designate their aggressors they confirmed the known facts about the role of their intimate partner and other family members as perpetrators of GBV. Moreover, family encirclement paralyzes any willingness to seek help from outside. When finally overcoming fear and reaching out for help, there is no guarantee that women will be able to find someone to answer their call (government entity or CSO).

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24. Gendarmerie

## RECOMMENDATIONS

In the study, both Women and Stakeholders (from a rights holders and a duty bearer perspective) were asked to suggest ways to remedy the shortcomings of care and awareness of women's suffering from this scourge, including recommendations for possible improvement and optimization of the services they lacked. The respondents' views (both groups) proposed a series of measures on best ways to limit the risk of GBV and the impact of lockdowns such as those imposed by the COVID-19 pandemic. While many of the proposed measures were identical, they were not always of the same importance to both, without being contradictory but with greater or lesser differences.

The respondents placed **awareness raising** at the top of their priorities recognizing that the fight against GBV required capacity building for associations, stressing the importance of the role they play in this area and emphasizing the importance of coordination between government entities and CSOs.

Required services include provision of shelters which must meet international standards and adapted to the treated types of violence (physical violence, sexual violence), specialized and free services (with the highest rate for psychological coaching/counseling) medical consultations, hotlines, listening units are to be made available to GBV survivors for free and 24/7. Both groups emphasized the need to strengthen mechanisms to protect women, from a legislative and a security standpoint. They emphasized the importance of police readiness and preparedness for rapid response, day or night, as crucial given the major deficiency during the lockdown that was reported in all countries. Correspondingly respondents recommended the recruitment in various institutions or training of female staff skilled in GBV cases.

**The desired changes in laws, policies and programs** for women focus on sanctions and punishment of perpetrators of GBV. They also mentioned reforms that should address other issues such as judicial oversight, women's safety and protection, gender relations, engagement of abuse providers, including within the justice sector, strengthening of NGOs or financial and material allocation. Whereas for stakeholders, the priority of priorities lies in the firm enforcement of the law, deterrent justice, speeding up the processing of legal cases and GBV complaints. Meeting the needs of women in distress from the moment of reception, providing good treatment and understanding comprising speed of intervention are strongly required. A recommended area of focus from a stakeholders' perspective is legal literacy.