EXECUTIVE SUMMARY

Gender-based violence (GBV) refers to acts of intentional harm based on a victim’s gender that are dependent on misogynistic power structures and social norms. While GBV can happen to any sex or gender, it disproportionately affects women. This brief addresses increased and intensified GBV during COVID-19, using the United States (U.S.) as an illustration of this phenomenon. This brief presents an urgent need for policy action, outlining possible policy routes to address GBV during COVID-19, and concludes with specified recommendations for U.S. federal action. Recommendations include immediate declaration of GBV services as essential services in times of crisis, establishment of structure for a centralized gender-sensitive database on GBV, and outreach and budget planning for the establishment of long-term partnerships with prevention-oriented GBV organizations. In all courses of action, marginalized groups and Women of Color (WOC) should be prioritized.

A DEADLY STATUS QUO: THE STATE OF GBV BEFORE COVID-19

UNHCR defines Gender-based Violence (GBV) as “harmful acts directed at an individual based on their gender... [including] sexual, physical, mental, and economic harm inflicted in public or in private.” This can include violence, manipulation, and coercion and take forms like domestic violence, human trafficking, sexual assault, child marriage, sexual harassment, and economic deprivation. GBV increases health risks for victims and can lead to lifelong physical and mental incapacitation or death. GBV victims are more likely by 50% to have mental health issues, 150% to contract HIV, 16% to have underweight babies, and overall to have unplanned pregnancy followed by miscarriage or abortion. Several international NGOs have declared GBV an urgent human rights issue, with the European Institute for Gender Equality calling it “one of the most notable human rights violations within all societies.”

While all sexes and genders experience GBV, it is widely acknowledged that GBV happens most to women and girls, to the extent that GBV and Violence Against Women (VAW) are used interchangeably. Globally, 1 in 3 women experience sexual or physical violence, 1 in 2 experience sexual harassment, 1 in 5 experience stalking, and 1 in 20 experience rape. 26% of women experience domestic violence, with 137 women killed by a loved one every day. 1 in 5 women experience child marriage, leading to increased risk of pregnancy complications, isolation, education loss, and domestic violence. 70% of trafficking victims are women, and 82% of women in public administration experience emotional violence. In contrast, 1 in 5 men experience GBV globally, with 1 in 10 facing sexual violence. 65% of male victims are abused in wartime, with 92.5% of perpetrators against men also male. 50% of male survivors later
GBV is rooted in patriarchal and misogynistic power structures reliant on gender roles, inequality, and norms. In this, “gender inequality exacerbates violence, and violence exacerbates inequality.”xiv GBV can be seen as an attack on both women and femininity, as most male victims are queer men persecuted for feminine gender expression.xv Stigma around GBV affects the ability of female victims to participate in society, harming victims’ families and communities, straining finances, and undermining development. As a result, only 40% of female victims seek help and only 10% report to law enforcement due to fear of retaliation, lack of knowledge of services, and distrust of institutions.xvi

In the United States, while against the law to “intentionally injure someone, force them to participate in a sexual act, or put them in fear of physical injury,” GBV is a serious threat to women.xvii 1 in 3 American women experience GBV in their lifetime, with one woman assaulted every two minutes and 25% of unhoused women becoming unhoused due to GBV.xviii 19% of women are raped by early adulthood, with insufficient sex education policy leading to girls normalizing GBV by age 11.xix 50-80% of women experience workplace harassment, with only 5% reporting the assault.xx 1 in 4 American women face domestic violence, with only 50% reporting their abuse.xx The CDC reports that marriage and sexual relationships are a threat to American women’s health and safety, despite federal antipoverty policy treating marriage as a source of stability.xxii Barriers to victim reporting include poor law enforcement (only 5% of U.S. GBV cases lead to prosecution),xxiii fear and distrust of criminal justice institutions, cultural differences, economic insecurity, and prioritization of punishment over prevention. Only $2.042 billion has been invested in GBV prevention since 2016, or 0.002% of the annual development budget.xxiv

Although American women of all backgrounds experience GBV, Women of Color (WOC) face disproportionate harm reinforced by historically racist institutions. Black women experience 35% more GBV and 250% more femicide than white women, and are often arrested or imprisoned in GBV cases, despite being the victim.xxv GBV affects 80% of indigenous women, 200% more than any other race.xxvi 48% of Latinx immigrants are victims of domestic violence, facing intensified reporting obstacles through language barriers, threats of deportation, lack of legal literacy, and fear of further assault by immigration officials.xxvii Due to systemic discrimination, WOC have decreased ability to access resources needed to leave dangerous situations and pursue care, compounded by distrust of providers.

THE INTENSIFICATION OF GBV DURING COVID-19

Increased GBV during the COVID-19 pandemic is called The Shadow Pandemic, a type of syndemic wherein two pandemics occur at once and double in severity. GBV increases in times of crisis, with the elderly, disabled, and poor at highest risk.xxviii During COVID-19, all types of GBV have increased, especially domestic violence, sexual abuse, and trafficking, yet reporting has decreased significantly.xxix In 2020, 243 million women experienced GBV, with the
highest rates in countries with uncoordinated pandemic response. \textsuperscript{xxx} Calls to VAW hotlines increased 500\% in some countries. \textsuperscript{xxxi}

Pandemic policies increased vulnerability for existing or potential victims. Movement restrictions, including border closures, curfews, lockdowns, and quarantines increased feminine subjugation and reduced available protection strategies. Isolation forced victims into extended close contact with abusers, reduced bystander ability to intervene, eroded victim support networks, reduced reporting ability, increased household burden, and worsened victim mental health. Financial insecurity and job loss increased household tension, reduced women’s financial agency and socioeconomic status, and increased male retaliation against female partners with higher income. Victim services are overstretched or unavailable, deemed essential services in only 52 countries. \textsuperscript{xxxii} Many services closed or reduced capacity, and for the services that remain, insufficient or inaccessible publicity leads many victims to assume the service is closed and not pursue care. Gaps in gender-sensitive data regarding COVID-19 impacts on GBV increase vulnerability and harm response. 104 countries have studied this issue, but only 20\% of these have formally collected and analyzed data to inform future policy, with many countries using outdated methods that ignore “modern” issues like online violence and workplace harassment. \textsuperscript{xxxiii} Collection ability is hampered by clinic shutdowns, diversion of funds, and social distancing requirements. Subsequent gender-insensitive policies reinforce harmful norms and power dynamics, increasing vulnerability for victims.

In crisis, the United States deprioritizes systemic inequalities and rarely involves GBV specialists in disaster management, as shown in the 2008 economic crisis, Hurricane Katrina, and 9/11. \textsuperscript{xxxiv} Existing GBV and institutional barriers in the U.S. establish a “fragile context,” \textsuperscript{xxxv} with pandemic policies creating a “perfect storm” for GBV. \textsuperscript{xxxvi} GBV, especially domestic violence, increased with lockdowns, with the national domestic violence murder rate meeting the annual average by October 20, 2020. \textsuperscript{xxxvii} Some states show an increase of violence by 35\% \textsuperscript{xxxviii}, death threats by 50\% \textsuperscript{xxxix}, and hotline calls by 52\%. \textsuperscript{xl} Fragmented federal response, politicization of public health, and corrupted legal systems created inability to provide quality services, victim hesitancy to pursue services, and burden of state and local governments to lead individual charges, creating national disunity and inconsistency. Regarding healthcare, 74\% of rape clinic management halted, STI clinics faced reduced hours, doulas and patient advocates were barred from in-person practice, abortion providers were labeled inessential, aftercare services were shut down, and many victims lost health insurance. \textsuperscript{xli} Regarding legal matters, GBV proceedings were put “perpetually on hold,” \textsuperscript{xxlii} advocates lost court access, and 25\% of GBV providers report that law enforcement response declined. \textsuperscript{xxlii} Regarding financial security, 43\% of U.S. renters faced eviction, increasing homelessness, overextending shelters, and increasing sexual exploitation of women to provide for the household. \textsuperscript{xliv} daycare and school closures harmed female independence from household work. Social distancing procedures and infection exposure impacted female-led service industries most severely. Regarding social norms, lockdowns and security measures reinforced masculine control and female inferiority; increased burden in the home; and allowed abusers to separate victims from their families. Regarding service ability,
GBV providers could not conduct in-person hospital support, shelters were limited by social distancing orders, and supply chain issues harmed service capacity, leaving law enforcement (a distrusted institution) the only place to turn for many victims. Despite COVID-19 negatively impacting 99% of GBV providers, only 21 states declared GBV services essential, 8 states protected GBV emergency response, and data collection has been limited, despite its proven benefit to GBV providers.\textsuperscript{xlv}

GBV in the U.S. during COVID-19 disproportionately impacts WOC and immigrant women. American WOC face higher rates of COVID-19 infection, mental health issues in isolation, distrust of institutions, racism and microaggression in pursuing service, physical harm from law enforcement, and difficulty in finding necessary resources.\textsuperscript{xlvi} Immigrant women face higher rates of job loss during COVID-19, coercion via threats of deportation, lack of access to reporting methods, and difficulty accessing federal healthcare or unemployment assistance.\textsuperscript{xlvii}

\section*{Potential Policy Options to Address COVID-19 in Times of Crisis}

\begin{itemize}
  \item \textbf{Partner with Community Organizations to Prioritize Prevention of GBV:} According to UN Women, prevention is the most “cost effective, long term” method to address GBV.\textsuperscript{xlviii} Local municipalities and state governments have had relative success in treating and preventing GBV in the pandemic, while federal response has floundered in disunity. The presence of community organizations in policy planning can increase awareness of signs and risks, address harmful norms and societal roots, destigmatize reporting, support evidence-based prevention, prevent normalization of assault in young girls, address economic and housing insecurity at individual level, prevent increased vulnerability in shocks, reduce legal barriers, and reduce reliance on distrusted institutions like law enforcement. Cross-sectoral partnerships have been found to increase victim resiliency, strengthen feminist ecosystems and pro-victim movements, and increase likelihood of policy implementation.\textsuperscript{xlix}

  \item \textbf{Declare GBV Victim Services to be Essential Services During Crisis:} Closure or reduced capacity of GBV providers has been central to COVID-19’s exacerbation of GBV in the U.S.\textsuperscript{l} Essentiality would expand availability of GBV healthcare, shelters, hotlines, legal support, counseling, and economic and mental health services. It could increase capacity to meet increasing need, prevent closures, ensure proper personnel and finances, improve staff training, enhance virtual service availability, and provide reliability. However, without significant public dissemination of information on service availability, victims may assume that services are restricted or closed.

  \item \textbf{Prioritize Women of Color (WOC) Through Support of Diverse Providers and Specialized Services:} U.S. GBV cannot be addressed without addressing the structural inequalities behind it. Intersectionality should be prioritized, as it could foster culturally appropriate services, address language and citizenship barriers, elevate the stories of marginalized women, assess individualized risk and need, increase social safety nets, address systemic and institutional harm,
address service discrimination, encourage antiracist policies, and avoid reinforcing existing power imbalances in service provision.

**Enhance Gender-Sensitive Data Collection and Analysis to Inform Future Policy:** Before addressing an issue, it must be understood in terms of prevalence, severity, cause, and associated factors. There is a significant gap in comprehensive, reliable data regarding GBV during the pandemic, with outdated survey methods capturing a “fractal of the actual prevalence.”

Improved gender-sensitive collection methods could enhance unity of federal action, legal reinforcement, revelation of institutional and systemic failures, understanding of risk factors, evidence-based victim services, accessibility and uniformity of data, understanding of mutually reinforcing relationships between GBV and times of crisis, and ability to study national crises from a gender lens. Continuous, rapid assessments can study local, state, and national levels of violence simultaneously and inform timely federal budgeting. Improved data could be used to study gaps in service and build capacity for GBV providers.

**RECOMMENDATIONS FOR IMMEDIATE U.S. NATIONAL ACTION**

- Declare GBV services to be essential services immune from lockdowns and funding diversions in all states and municipalities. Conduct an informational awareness campaign to broadcast this to all available channels, taking care to ensure accessibility for those without access to the internet or social media. This would reduce fragmented federal response, set precedent for future crises, reduce victim confusion in service availability, and increase accessibility for data analysts to interact with proper institutions and collect gender-sensitive data in real time.

- Establish initial structure for centralized database on GBV and related issues. This would enable enhanced monitoring, accountability, regulation, enforcement, and budgeting within GBV issues and services and establish standard operating procedures and guidelines. It must be acknowledged that this could become yet another distrusted institution for victims, especially WOC, if not handled carefully.

- Begin outreach and budget planning for establishing long-term partnerships with prevention-oriented GBV organizations, including NGOs, nonprofits, and community centers, with priority given to those working with marginalized groups and WOC. These could include local organizations like Pittsburgh Action Against Rape and Dorothy Day House, and national organizations and campaigns like the Women of Color Network, YWCA, Me Too Movement, and Take Back the Night. Informational partnerships should be established with international GBV providers, including the Prevention Collaborative and GBV Prevention Network, to learn and apply their methods. This could reduce fragmented federal response, build on localized success, increase monitoring and responsiveness, reduce reliance on the criminal justice system, enhance awareness, address harmful societal norms, increase GBV provider capacity, and build U.S. response on the back of trusted, WOC-friendly institutions. Anonymity should be prioritized in work with community members and victims.
ENDNOTES


viii UN Women, *Ending violence against women*, 2021


xxv Vahedi et al., *Gender-based violence and covid-19...*, 2021.


xxix Wright, *Criminology professor...*, 2021.


Wright, *Criminology professor…*, 2021.


1 Vahedi et al., *Gender-based violence and covid-19…*, 2021.


**SOURCES**


