

Moving Beyond the Numbers:

What the COVID-19 pandemic means for the safety of women and girls

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On 5 April 2020, UN Secretary-General António Guterres highlighted a “horrifying global surge in domestic violence” since Governments around the world had begun imposing lockdowns, quarantines and movement restrictions in order to control the spread of COVID-19. In his remarks, the Secretary General noted that in some countries calls to gender-based violence (GBV) support services had doubled.¹ Similarly, a plethora of reports from around the world have signaled an increase in reported cases of gender-based violence – particularly intimate partner violence – since the beginning of the pandemic. However, in some places, the service provision statistics actually show the opposite – that fewer GBV survivors are reaching out for support from service providers as compared to the levels seen prior to COVID-19.² **This discrepancy is a classic example of why – in every humanitarian emergency - experts advise against relying too heavily on the number of reported cases when making programmatic and policy decisions about GBV.**

In the context of COVID-19, as in other emergencies, **the number of cases documented by service providers can never capture the overall scale or severity of the violence women and girls are facing.** Similarly, variations in the number of survivors who connect with response services – whether an increase or decrease in help-seeking – can occur for multiple reasons, many of which have nothing to do with the actual rates of violence taking place. **Therefore, taking action to address GBV must be a priority regardless of whether or not increases in reports have been formally documented and, most critically, GBV incident data must never be treated as a prerequisite for taking action** (see text box below).



“It is important to remember that GBV is happening everywhere. It is under-reported worldwide, due to fears of stigma or retaliation, limited availability or accessibility of trusted service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care. Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions [...] regardless of the presence or absence of concrete ‘evidence’.”³

– IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

¹ Secretary-General’s video message on gender-based violence and COVID-19, 5 April 2020.

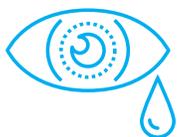
² Htun, Hala and Jensenius R., Francesca, The news media’s reporting on a pandemic spike in violence against women. It might actually be declining, 24 April 2020, The Washington Post.

³ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015, p.2.

In order to make effective policy and programming decisions, governments, policymakers and donors must go beyond the numbers and aim for a more comprehensive understanding of dynamics driving pre-existing violence against women and girls and how the current environment exacerbates these risks. The following article illustrates some of the limitations of the statistics that have been widely publicized in the context of the pandemic, provides additional contextual information to better understand the risks women and girls are facing, and outlines some priority recommendations for addressing gender-based violence in the context of COVID-19.

What the numbers are saying about GBV in the context of COVID-19

In many countries, alerts have gone out regarding the alarming rise in abuse and violence against women and girls within the COVID-19 pandemic. In China's Hubei province, domestic violence reports to police more than tripled during the lockdown in February 2020. In Spain, the Catalan regional government reported a 20% increase in calls to its helpline in the first few days of the confinement order.⁴ In France, the Interior Minister declared that reports of domestic violence across the country had jumped by more than 30% within the first two weeks of the lockdown.⁵ In Lebanon, one NGO that provides GBV response services reported receiving 25% more requests for support from survivors during March 2020 (when the lockdown started) compared to previous months.⁶ In the UK, calls to safe shelters increased by 49% the week following the lockdown compared to the average prior to the pandemic.⁷ Figures such as those highlighted in this paragraph certainly merit the attention of policymakers, service providers and donors because they show GBV survivors are reaching out to – and require support the support of – GBV response services. However, it is of vital importance that such statistics never be treated as a *prerequisite* for having these services in place – because these numbers can never tell the whole story.



It is important to note that an increase in survivors, often with their children, attempting to access safe shelters can be an indication of increased **severity** of violence faced at home. Particularly against the backdrop of the COVID-19 pandemic, it also illustrates the heightened risks women are willing to take in order to escape domestic violence.

While many places have seen striking increases in reported cases of GBV since the COVID-19 pandemic began, in other locations, the trends look different. For example, in New York City, some GBV service providers have observed a stark decrease in calls to their helpline.⁸ In Iraq, where service providers are only able to provide support services to new clients over the phone, reported cases only began to come in during the last week of April, following nearly two months without a single reported case.⁹ In Italy, activists reported that calls to helplines dropped sharply but this coincided with an increase in text messages and emails from survivors requesting support.¹⁰ In New Mexico, a shelter reports having a third of their beds empty as shelters across the US are seeing decreasing clientele.¹¹ One international NGO has expressed concern that restrictions on mobility, lack of information, increased isolation and fear have led to a 50% decrease in reports of GBV in Bangladesh and 30% in Tanzania.¹²

⁴ Graham-Harrison, Emma, Giuffrida, Angela, Smith, Helena and Ford, Liz, Lockdowns around the world bring rise in domestic violence, 28 March 2020, The Guardian.

⁵ Euronews, Domestic Violence cases jumps 30% during lockdown in France, 28 March 2020, Euronews.

⁶ Hamdan, Hanan, Domestic violence in Lebanon spikes under lockdown 23 April 2020, Al Monitor.

⁷ Singh Arj, Domestic Abuse: MPs plead for urgent action after calls to hotline rise 50% in lockdown, 28 April 2020, Huffington post.

⁸ Southall, Ashley, Why a drop in domestic violence reports might not be a good sign, 17 April 2020, The New York Times.

⁹ IRC, New Data Shows a Decrease in Women Being Able to Report Incidents of Domestic Violence in Fragile and Conflict-Affected Countries, 7 May 2020, The IRC.

¹⁰ Graham-Harrison, Emma, Giuffrida, Angela, Smith, Helena and Ford, Liz, Lockdowns around the world bring rise in domestic violence.

¹¹ Williams Ed and Needham Rachel, NM Political Report, Domestic violence shelters have no shortage of beds, but reports of abuse are on the rise, 5 April 2020, NM Political Report.

¹² IRC, New Data Shows a Decrease in Women Being Able to Report Incidents of Domestic Violence in Fragile and Conflict-Affected Countries.

Based on what frontline service providers and local women’s groups are seeing in their day-to-day work, the decrease in reporting in some places do not signal an actual decrease in GBV. The fact that fewer survivors are seeking help is better explained by other factors, such as: services being forced to close because they have not been designated as “essential”; fear of contracting COVID-19 in public settings; and fewer available options to reach out for help because quarantine restrictions have trapped women and girls at home with their abusers, creating a situation where being caught contacting a service provider would likely trigger additional violence. Furthermore, in many places, GBV service providers have halted service provision due to a lack of resources to shift into remote modalities. Some service providers that have the resources and capacity to make adjustments have started providing services remotely (often over the phone). However, many women and girls do not have safe access to phones or mobile technology. In fact, it is estimated that there are 443 million “unconnected” adult women in the world.¹³ For other women who do have physical access to a phone, it is often shared with – or controlled by – a partner or other family members, which can act as a barrier to utilising phone-based GBV services. Access to mobile phones is even lower for adolescent girls,¹⁴ who are one of the highest risk groups for GBV.



Adolescent girls and COVID-19

Adolescent girls face multiple GBV-related risks during emergencies, and COVID-19 is no exception. For example, girls whose caregivers fall ill or die are more vulnerable to sexual abuse by members of their extended family or others in the community. Adolescent girls are also at increased exposure to abusers at home due to pandemic controls restricting mobility. They are expected to support caregivers at home, not only with household duties but also taking care of sick family members, which also increases their exposure to the virus. These are added to risks of unwanted and early pregnancy and unequal access to gender- and age-appropriate information related to their healthcare needs.¹⁵

In emergency situations, attempting to document GBV incidence or prevalence should never be prioritised over service delivery. Even if there were a way to systematically track reports of gender-based violence to hotlines, police and other service points, it would only be representative of those who reported an incident of violence rather than the true extent of violence itself. Furthermore, the cases that get reported represent just the tip of the iceberg. Under-reporting of GBV happens in all contexts, due to stigma and shame faced by survivors; risks of retaliation, such as honor killing; further violence and harm to survivors and their loved ones; chronic shortages in quality, survivor-centred GBV services; and barriers to accessing GBV services, such as transportation costs, security concerns or lack of physical access.¹⁶ These are just a small sample of the factors that prevent survivors from seeking help, which in turn creates a disconnect between service provision data and the actual magnitude of the problem.

Numbers of reported or estimated cases of GBV must always be interpreted with nuance, due to the complexity of this type of violence and the many barriers survivors face to seeking care. **In the context of COVID-19, the multiple GBV risk factors coupled with the alarming trends service providers**

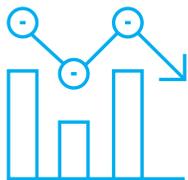
¹³ Erskine, Dorcas, Not just hotlines and mobile phones: GBV service provision during COVID-19, April 2020, UNICEF.

¹⁴ Ibid.

¹⁵ UNICEF-IRC, COVID-19 – GBV risks to adolescent girls and interventions to Protect and Empower them, April 2020.

¹⁶ AAAQ framework: A tool to identify potential barriers to accessing services in humanitarian settings, 2018, UNICEF.

are seeing in their day-to-day work, provide more than enough information that immediate and targeted action is needed to protect women and girls in this pandemic.



“Focusing only on the numbers not only fails to capture the true extent and scale of the GBV that is occurring, it can also expose survivors to further harm, lead to misinterpretations of the data, and result in other, more useful sources of information being dismissed or ignored.”¹⁷

– South Sudan GBV sub-cluster, 2014

Understanding the bigger picture of GBV risks in the current pandemic

Globally, one in three women will experience violence in their lifetime.¹⁸ The risk of violence against women and girls increases in emergencies, including in public health crises. A rigorous evidence base on the scale, scope and impact of violence against women and girls has been established across the world. Furthermore, it is well documented that violence against women and girls is rooted in gender inequality, fueled by social norms enshrined in communities, laws and systems that lead to abuse of power and violence. Such pre-existing societal factors are exacerbated during emergencies, such as displacement, war, natural disaster and public health crises. **Better understanding the dynamics of gender-based violence requires systematic investment in GBV programming** because as women and girls take part in these programmes, they also develop trusting relationships with the programme staff, making sensitive issues like GBV easier to discuss. Multiple resources are available to inform safe and ethical GBV data collection methodologies as a component of specialised programming; and pairing the two together results in a more comprehensive analysis than attempting to conduct data collection as a standalone activity.¹⁹

Understanding gender-based violence requires understanding power dynamics, beginning at the household level. Intimate partner violence is one of the most prevalent, and deadly, forms of violence experienced by women and girls.²⁰ In the COVID-19 pandemic, orders of confinement and social distancing by Governments have led to isolation of women and girls in their homes with abusive partners or other family members. Isolation and increased economic pressure within households are contributing factors that enhance abusers’ opportunities for controlling and violent behavior, such as placing restrictions on movement and increased monitoring of phones, electronic devices, and internet use. Particularly in patriarchal societies, decision-making around how families adapt to the COVID-19 measures tend to be controlled by men, thus giving them even more power and control over female members in the family. Women and girls confined to the home are likely to see their support networks shrink. For women and girls with disabilities or chronic illness, insecure immigration status or diverse sexual orientation/gender identity, the isolation and closing of space is magnified. **The increased threat to women and girls is predictable based on gender inequality and patterns of violence that existed before the COVID-19 pandemic. Quarantine and confinement measures create an environment where such pre-existing factors are intensified.**

¹⁷ Global Protection Cluster, South Sudan, Why we must broaden the conversation on GBV data, August 2014.

¹⁸ World Health Organisation.

¹⁹ Peterman, Amber, Bhatia Amiya, Guedes, Alessandra, Remote data collection on violence against women during COVID-19: A conversation with experts on ethics, measurement & research priorities, Office of Research – Innocenti.

²⁰ UNODC, Global Study on Homicide, Gender-related killing of women and girls, 2018, UNODC Research.

In addition to household power dynamics, there are also community or societal power issues to keep in mind. In some places, women and girls are prohibited from accessing health care due to movement restrictions and curfews imposed by Governments to prevent the spread of COVID-19. Women and girls are also sometimes not allowed to move more than a certain distance from their home without facing fines or being arrested. Public transportation has been disrupted in some places which can act as an additional barrier to accessing the limited services that are still functional. **When the restrictions imposed by governments to contain the pandemic are not mindful of the dynamics of GBV, they can lead to increased violence for women and girls. Governments need to acknowledge this reality and take action accordingly in order to mitigate these risks and ensure safe access to response services.**

Even in light of all the information available on the severe “shadow pandemic” that GBV represents, response services for survivors are being forced to shut down at least temporarily. The International Planned Parenthood Federation has reported that more than 5,000 clinics have closed in 64 countries. In China, women’s shelters have been temporarily converted into homeless shelters by authorities.²¹ In Afghanistan, facilities providing psychosocial support to over 50 survivors per week before the lockdown have been turned into isolation centers.²² In places where stay-at-home orders have been imposed, physical spaces where survivors could go to receive assistance – such as women and girls safe spaces, nonprofit organizations and women’s health clinics – have gradually shifted their service provision over the phone. Others have shut down completely because the resources they had available did not allow for remote modalities. In addition, schools all over the world remain closed. UNICEF estimates that temporary closure of schools are impacting more than 91% of students worldwide – around 1.6 billion children and young people.²³ Not only this will have an impact on their education, but schools are also a key protective environment and support network for girls facing violence or risk of violence at home. In fact, schools often act as one of the only entry points child survivors have for seeking support.²⁴

The dwindling availability of GBV response services and increased barriers to accessing such services should raise urgent red flags for policymakers that avenues for women and girls to seek help have severely diminished. Increased resources and complementary policy measures are required for GBV service providers to scale-up and adapt their services, some of which – such as emergency safe shelters for survivors fleeing domestic violence – can make a difference between life and death.

²¹ Zhang Wangqing, Domestic violence cases surge during COVID-19 epidemic, 2 March 2020, Six Tone.

²² Kumar, Ruchi, Domestic abuse: ‘Women in Herat may survive Coronavirus but not lockdown, 21 April 2020, The Guardian.

²³ Jason Miks and John McIlwaine, UNICEF, Keeping the world’s children learning through COVID-19, 20 April 2020, UNICEF.

²⁴ Baron, Jason, Goldstein, Ezra G., Wallace, Cullen T., Suffering in Silence: How COVID-19 School Closure inhibit the reporting of child maltreatment, May 2020, SSRN.

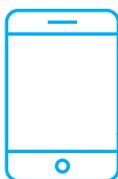
Keeping women and girls safe: recommendations

Waiting for numbers in order to prove the need for a response to GBV threatens the lives and rights of women and girls experiencing violence during COVID-19. The focus of the conversation needs to be on prioritizing the safety of women and girls – including ensuring their ability to access GBV services – across all aspects of the COVID-19 response. In alignment with the [Call to Action joint statement](#) released in May 2020, this paper recommends the following:

1. Ensure GBV services are designated as essential and properly equipped to continue functioning safely:

Safe shelters, case management and other GBV specialized services face particular challenges when it comes to social distancing and IPC²⁵ measures, as they tend to be over-crowded and under-resourced even under normal circumstances. This makes operating safely during the pandemic even more difficult. In order to alleviate some of these pressures:

- **GBV response services must be included on the list of designated essential services** that are allowed to continue operating during government-ordered lockdowns.
- **Pre-pandemic GBV response services must be adapted and expanded to ensure that needs of women and girls are met.** This also includes the allocation of adequate, appropriately-sized PPE²⁶ as well as cleaning supplies to ensure the safety of staff and clients visiting the facility. In particular, domestic violence shelters must remain open and, if necessary, alternative options explored. For example, in some countries, authorities have made hotel rooms available for survivors needing to escape from abusive living situations.²⁷
- **Establish regular check-ins with GBV service providers and local women’s groups to remain abreast of trends and/or new developments in safety risks for vulnerable populations.** Utilize their feedback to inform programming adaptations and conduct advocacy with local/national governments as needed. In the context of the COVID-19 pandemic, local women’s groups and grassroots organizations are playing a crucial role in understanding how to reach women and girls in a safe and effective manner. Staying connected with them is critical.
- **Support GBV service provision options that do not exclusively rely on mobile phones and hotlines.** See UNICEF’s [paper](#) on low-tech service provision in the context of COVID-19.



New technology to support GBV case management: Primero/GBVIMS+

New technologies have emerged to support the safe and confidential collection of data during GBV remote service delivery, without the burden of safe storage of paper forms. [Primero/GBVIMS+](#), is the latest database iterations of the GBVIMS. GBVIMS+ is a web application that was developed to enable GBV humanitarian actors to safely collect, store, manage and share data for case management and incident monitoring. It also includes a mobile application to allow frontline staff to safely track GBV incidents and individual survivors’ progress as they receive case management services. In addition, the mobile application of Primero/GBVIMS+ has been designed to ensure that case management data cannot be retrieved by third parties if the tablet is stolen or lost.

²⁵ "Infection, Prevention and Control"

²⁶ PPE: Personal Protective Equipment

²⁷ Call to Action Statement: https://1ac32146-ec0-406e-be7d-301d317d8317.filesusr.com/ugd/1b9009_de85e8269c1d47f6b175e6d304102871.pdf

2. Proactively identify potential entry points where survivors may seek help in a safe and confidential manner

As outlined above, alongside an increase in violence in COVID-19, the available avenues for women and girls to reach out for help have become more limited. In such context, it is crucial to identify what opportunities are still available for women and girls to seek help. In particular:

- **Ensure frontline health staff and volunteers are trained on psychological first aid (PFA) and how to relay information on available GBV services**, including remote modalities, such as hotlines, if necessary. If there are no GBV response services available in your area, follow guidance outlined in the [GBV Pocket Guide](#) (available in several languages, both in PDF format and as a smartphone app).
- **Regularly connect with GBV service providers to receive up-to-date information on referral pathways that reflect changes in availability and/or modality of services (i.e., services that have moved to remote modalities)**. Ensure that *all* staff and volunteers have updated copies of the referral pathway for their locations. Given the rapidly changing environment, options for GBV service provision are likely to change their modality, be reduced and/or operate differently than under normal circumstances. It is important to ensure staff and volunteers in all sectors are equipped to provide accurate, up-to-date information on available GBV services and to be aware of current limitations of response services (i.e. do not over-promise). The GBVIMS Steering Committee has issued a series of podcasts and video shorts on remote case management in the context of COVID-19 with a specific episode on updating referral pathways.²⁸



Identifying entry points for survivors to seek support - In situations where there are extreme and sudden movement restrictions, confinement or quarantines, there may be very few opportunities for a survivor to interact with anyone other than their abuser. To help address this situation, alternative options for seeking help can be incorporated into other daily activities. For example, in France, a government initiative launched during the pandemic established a code word for women in abusive relationship to use in pharmacies to notify staff they are unsafe but cannot talk about it openly. In Ottawa, Canada, survivors of domestic violence can send texts or chat to online counsellors who will provide referrals and support through an encrypted technology that clears browser history and delete texts once the conversation ends.²⁹ Low-resourced countries can explore no-tech alert systems such as including items in dignity kits (e.g. cloth of a certain color) to allow women and girls to signal danger faced at home.³⁰ Other options may include equipping staff and volunteers working in those sectors with pocket cards containing relevant contact information, posting visual representations of the GBV referral pathways and/or hotline numbers in select safe locations.

²⁸ The series can be found here: <http://www.gbvims.com/covid-19/>

²⁹ Raymond, Ted, Online chat and text service launches for women living with abuse during COVID-19 pandemic, 14 April 2020, Ottawa CTV News.

³⁰ Erskine, Dorcas, Not just hotlines and mobile phones: GBV service provision during COVID-19.

3. Identify longer-term investment opportunities to advance the safety and rights of women and girls

The Ebola and Zika outbreaks demonstrated that, in addition to the immediate impacts, large-scale epidemics also take a serious toll on women and girls in the long run. Similarly, the impact of the COVID-19 pandemic and associated restriction measures are likely to negatively impact the safety and wellbeing of women and girls for decades to come. Research by the World Health Organisation shows that GBV has long-term impacts on the lives of women and girls: they are twice as likely to have an abortion, and to experience depression. In some regions, they are 1.5 times more likely to acquire HIV and 2.3 times more likely to use substances, such as alcohol, to cope with the effects of violence.³¹ Under Sustainable Development Goal (SDG) 5, world leaders have pledged to eliminate all forms of violence against women and girls by 2030. However, it is estimated that only 0.12%³² of humanitarian aid and less than 0.002%³³ of official development assistance funding is allocated to GBV services and programming.

It is clear that governments will need to look beyond the COVID-19 pandemic and develop longer-term plans for addressing GBV. Here are some practical actions they can take:

- **Allocate funds and design policy measures to ensure quality, survivor-centred GBV services are available and accessible for women and girls.**
- **Ensure that standard procedures for lockdowns include policies to prevent domestic violence, proactive messaging on survivors' rights as they relate to quarantine rules, and options for removing perpetrators from survivors' homes when necessary.** For example, in Spain, the Government created specific provisions so that survivors who violate lockdown rules in order to flee abuse would not be subject to legal consequences (e.g. fines) and declared emergency shelters as essential services to allow them to continue their operations.³⁴ These policies are proactively communicated to the public through various channels.
- **Allocate funds towards new and innovative approaches to service delivery, such as those that leverage the power of online platforms.** This requires additional flexibility in funding, including re-allocation of funds to support these innovative approaches.³⁵



How to engage systems of finance in addressing GBV in crises:

Reducing GBV is an investment in financial stability. During times of crisis, this becomes even more true. For example, when Governments need financial assistance, sovereign or government debt is usually issued to help with its redevelopment. By incorporating gender-sensitive loan terms and conditions in debt investments or in loan-restructuring negotiations, multilaterals such as the World Bank and the International Monetary Fund can be a powerful leverage to address GBV within receiving countries. UNICEF and Criterion Institute have been exploring pathways to engage systems of finance in addressing GBV in crises, on how GBV can be understood as material to investment decision-making, including several actions investors can implement now.

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³¹ WHO, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council; Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence, 2013, WHO Publication.

³² International Rescue Committee and VOICE, Where is the Money? How the Humanitarian System is Failing in its Commitments to End Violence Against Women and Girls, 2019, The IRC.

³³ The Equality Institute, Global scoping of advocacy and funding for the prevention of violence against women and girls, April 2019, The Equality Institute.

³⁴ <https://violenciagenero.igualdad.gob.es/informacionUtil/covid19/GuiaVictimasVGCovid19.pdf>

³⁵ End Violence Against Women Coalition, COVID-19: London Mayor urged to push Tech companies to support women's organization, 27 April 2020.

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