

17 June 2020

ADDRESSING VIOLENCE AGAINST CHILDREN, WOMEN AND OLDER PEOPLE DURING THE COVID-19 PANDEMIC: **KEY ACTIONS**

Many countries around the world have implemented lockdowns, stay-at-home, and physical distancing measures to contain the spread of COVID-19. The home, however, is not always a safe place for children, adolescents, women and older people who are experiencing or are at risk of abuse. Evidence shows that violence can increase during and in the aftermath of disease outbreaks ⁽¹⁾.

In many countries affected by COVID-19, records from helplines, police forces and other service providers indicate an increase in reported cases of domestic violence, in particular child maltreatment and intimate partner violence against women ^(2, 3, 4, 5, 6, 7). These numbers, however, do not represent the prevalence of the problem, as we know that most cases are not reported to services. In several other countries there appears to be a decline in the reported numbers of child abuse victims and women survivors seeking help in-person or remotely since lockdown measures were implemented. This may be due to the child's or woman's inability to leave the home or access this help privately

whilst confined with a perpetrator, or service reductions or closures. Although less reported, this combination of increased risk of violence and reduced ability to obtain help during the COVID-19 pandemic is likely to be similar for older people experiencing abuse and neglect.

10-50% increase in domestic violence helpline calls in some countries

3x increase in intimate partner violence reports in Hubei province of China

92,000 child abuse reports to one helpline in India

10x increase in abuse and neglect of older people in some settings

(Data from media reports)

"Women in abusive relationships are more likely to be exposed to violence, as are their children, as family members spend more time in close contact, and families cope with additional stress and potential economic or job losses." - WHO Director General Tedros Adhanom Ghebreyesus, April 2020

Why is violence in the home likely to increase during and after the COVID-19 pandemic?

Although data on family violence during the COVID-19 pandemic are currently scarce, established evidence on violence against children ⁽⁸⁾, women ⁽⁹⁾ and older people indicates that several risk factors are likely to be exacerbated by the response to the pandemic ^(1, 10, 11, 12, 13):

- Stay-at-home measures may put women, children and older people living in abusive relationships at even greater risk of violence because of increased time spent with and exposure to their abusers ^(1, 10).
- Stressors including economic uncertainty, job losses and over-crowded settings, where physical distancing is not feasible, are likely to increase the perpetration of violence in the home ⁽¹⁴⁾.
- Limited or no access to protective support networks – both informal (e.g. family,

relatives, friends, neighbours, school teachers or support staff, colleagues) and formal (e.g. protection services, hotlines, social services, shelters) during mobility restriction/ lockdown may further contribute to the risk of increased violence ⁽¹⁾.

- Perpetrators of intimate partner violence may use COVID-19-related concerns to exercise greater power and control over their victims, including limiting access to critical information and resources, and monitoring communication (e.g. telephones, mobile/sim cards, internet), thus making it difficult to contact support services, and access health services ⁽¹⁾.
- Confinement can result in increased consumption of alcohol and other substances, which is associated with the perpetration of violence ^(10, 13).

Who will be at higher risk of violence during confinement?

- Children, adolescents, women, men and older people who already live in homes with violence prior to the start of the COVID-19 pandemic will be more exposed to their abuser by stay at home measures.
- Children, adults and older people living with disabilities or mental health issues are at a higher risk of being subjected to violence

irrespective of being confined and have fewer opportunities to seek help.

- Children, women and older people from ethnic minority or indigenous populations, LGBTQ persons, migrant and refugee populations and those living in poverty face a cumulative burden of discrimination, stigma and disadvantage and higher rates of violence in general. They may also have more challenges accessing services.



Children

- Fewer opportunities than adults to leave the house and access help.
- Smaller children are less likely to understand or have access to pathways for seeking help.
- Lack of access to school as a safe space and no school-related support networks due to school closures.
- Heightened risk of online abuse due to increased time online.



- ## Women
- Disproportionate and high household burden of care due to home schooling and caring for sick and older people can increase stress and conflict with partners.
 - Stay-at-home orders may increase the frequency of demands for sex from a partner and thereby, increase risk of sexual coercion or unwanted sex. Furthermore, condoms and contraception may be less accessible.
 - Telephone ownership or internet access may be limited or monitored by the partner.
 - Financial dependency on their partners, and for older women on other family members (e.g. grown children), can increase economic abuse.



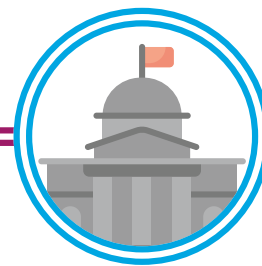
- ## Older people
- Mobility issues can limit opportunities to seek help.
 - Face barriers to accessing trustworthy information using newer technologies, including the internet.
 - May be encouraged or forced to stay in quarantine much longer, because of their higher risk of infection, which may prolong social isolation, increase abuse, and reduce opportunities to seek help
 - Physical dependence on other household members (e.g. for food, getting dressed, using the bathroom).
 - COVID-19 has led to staff reductions in long-term care facilities, due to illness or self-isolation (staff), and the suspension of family visits, increasing the isolation of residents and the already high risk of violence and neglect.

What can be done to address violence in the home during the COVID-19 response?

Health systems are under unprecedented stress due to the influx of COVID-19 patients requiring critical care. Frontline health workers – a majority of whom are women – are overstretched and working under stressful conditions. Some may be facing the risks of violence outlined above in their own lives. There are, however, specific actions that health systems and other sectors can take to mitigate the harmful effects of violence against children, women and older people.

This document draws on existing evidence-based WHO recommendations^(15, 16, 17) and prevention packages^(18, 19). It is aimed at policy-makers, programme and facility managers in the health system and other sectors who are involved in preventing and responding to violence against children, women and older people.

Governments and policy makers



- Include violence prevention and response in pandemic preparedness and response plans and in risk mitigation communications. Ensure these activities are adequately resourced.

PLAN

- Ensure prevention and response programmes and services for those affected by violence are maintained during lockdowns and adapt them as needed.
- Promote paid sick, medical, family leave and affordable child care for all essential workers.

INFORM

- Inform the public about the availability of services to prevent and respond to violence via multiple channels (e.g. radio, television, notices in grocery shops or pharmacies) and in multiple formats, including Braille.
- Alert essential service providers in the community (mail carriers, meter readers, first responders, food delivery services) about signs that indicate violence, abuse or neglect (including self-neglect in older people), and what to do if help is needed by survivors
- Alert older people and trusted others to the main types of financial scams being perpetrated and provide information on how to avoid them and what to do if targeted.

PREVENT

- Enforce rules and regulations to reduce risks associated with violence, for example, harms caused by alcohol, weapons, drug use and/or addictive behaviours.
- Conduct campaigns to advise people to reduce their consumption of alcohol or other substances.

SUPPORT SURVIVORS

- Make provisions to allow those seeking help for violence to safely leave the home, even during lockdown.
- Keep existing helplines functioning or establish new ones where they don't exist. Ensure that helplines are free and can be reached by all survivors of violence (including older people). Offer multiple means of contact for helplines, including phone and text message or chat, or silent calls.
- Identify ways to make services accessible remotely (e.g. by messenger, m-health, telemedicine), including by removing any user fees.
- Ensure long term-care institutions for older people have policies and procedures on how to respond to violence if it happens⁽²⁰⁾.

WORK ACROSS SECTORS

- Track and update information about referral services, share it with service providers and make it accessible to the public.
- Collaborate with other sectors to address violence, such as criminal justice, health, and social services by setting up virtual multidisciplinary teams that can provide coordinated consistent support.

Programme managers



PLAN

- Where data are collected on violence, adhere to **WHO's ethical and safety recommendations on violence against women** to inform prevention and response efforts.

INFORM

- Inform health workers involved in the COVID-19 response and those who provide essential services to children, women and older people about the signs, symptoms and risk factors of violence in the home and when and how to ask about violence in a safe manner.
- Increase public awareness about violence in the home, how to remain in touch with survivors, and how and where to refer them for help and support without compromising their safety.

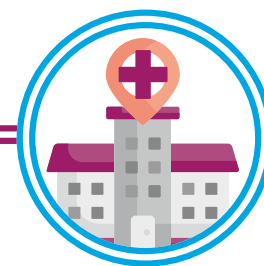
PREVENT

- Provide **parenting tips** to caregivers in confinement or quarantine
- Encourage self-care and techniques to reduce stress and mental distress ^(21, 22) and positive coping strategies, social support, safety planning and avoidance of unhelpful coping strategies such as the use of tobacco, alcohol or drugs.
- Provide information, support and, if possible, respite care to caregivers, particularly those caring for older people with dementia. Information should include tips about how to manage stress, to reduce the likelihood of perpetration of violence.
- Maintain programmes and services for mental health and the prevention of alcohol and substance use.
- Where there are self-help or peer support groups (e.g. for survivors of violence, alcohol and drug addiction, mental health, older people's associations, peer support groups), facilitate alternative means by which they can continue to operate.
- Where there are existing services for perpetrators of violence, identify ways that they can seek anonymous help and advice online or via telephone.

WORK ACROSS SECTORS

- Collaborate with non-governmental organizations and other sectors to align messages about violence in the home, existing prevention programmes and services.

Facility managers



PLAN

- Gather data disaggregated by age, sex and ethnicity from routine facility records on reports of violence to inform prevention and response measures.

INFORM

- In health care facilities and COVID-19 testing facilities, provide information about services available locally, including opening hours, contact details, and whether services can be offered remotely.

PREVENT

- Prevent abuse in the health work place and other institutions such as homes for children or older people:
 - Train staff to recognize signs and symptoms of abuse and how to report without compromising the safety of the person affected.
 - Rotate workers from higher-stress to lower-stress functions.
 - Partner inexperienced workers with more experienced colleagues
 - Encourage work breaks
 - Implement flexible schedules for workers who are directly impacted or have a family member affected by a stressful event
- Avoid the use of physical and chemical restraints in institutions for older people
- Establish mechanisms so that people living in institutions can maintain contact with family and friends while respecting local requirements for physical distance.
- Enforce measures of accountability for any perpetrators of violence and abuse in the work place or care institutions.
- Ensure that residential and nursing facilities for older people are more closely monitored by relevant authorities.
- Maintain mental health services and those for alcohol and substance use including through online and other means as needed.

SUPPORT SURVIVORS

- Continue to offer first line support and medical treatment for survivors of violence through the first points of contact in health facilities in line with WHO recommendations (23, 24, 25, 26, 27, 28).
- Continue to provide and arrange for post-rape care to be available 24 hours per day, seven days per week.
- Make sure services are accessible to older adults and to those with cognitive or other disabilities.

WORK ACROSS SECTORS

- Ensure healthcare workers have information about other services to enable effective referral, including to mental health and psychosocial support and protection services.

Health care providers



INFORM

- Provide information about services available locally (e.g. helplines/hotlines, shelters, counselling services), including opening hours and contact details and establish referral linkages to these services.

PREVENT

- Provide advice on stress management, positive coping strategies, and positive parenting (29, 30, 31).

SUPPORT SURVIVORS

- Offer **first line support** to all survivors who disclose intimate partner violence, sexual abuse and child maltreatment. This includes:
 - listening empathetically and without judgment
 - inquiring about needs and concerns
 - validating survivors' experiences and feelings
 - enhancing safety
 - connecting survivors to support services.
- Provide medical treatment for all violence-related health conditions, including immediate post-rape care for those who are subjected to sexual assault or abuse.
- Arrange follow-up for patients who have experienced violence in case they are isolated or quarantined and remain in regular contact with them.
- Prioritize home visits and contacts with vulnerable populations, in particularly infants and young children, older adults and people with disabilities at risk of violence, with specific attention to their safety as perpetrators of abuse are likely to be at home
- Explore alternative ways to reach children, women or older people depending on what is available and accessible (e.g. messenger services, telemedicine) with particular attention to reaching survivors safely while perpetrators are present and in ways that cannot be detected or traced.

WORK ACROSS SECTORS

- Update referral directories and linkages, based on what services are available and functioning.
- Get to know and coordinate prevention and response efforts with colleagues from protection services, institutions working with older people, and NGOs implementing prevention programmes.

Additional resources

- **Parenting in the time of COVID-19.** Geneva: World Health Organization.
- **COVID-19 and violence against women.**
- **COVID-19 and violence against older people.**
- **Q&A: Violence against women during COVID-19.**
- **Coping with stress during the 2019 nCoV outbreak.**
- **Helping children cope with stress during the 2019 nCoV outbreak.**
- **WHO Guidelines for the health sector response to child maltreatment.**
- **Health care for women subjected to intimate partner violence or sexual violence. A clinical handbook.**
- **Responding to children and adolescents who have been sexually abused. WHO clinical guidelines.**
- **INSPIRE: Seven strategies for ending violence against children**
- **RESPECT women: Prevent violence against women.**