

A Call to Action in Response to the Unique Gender-Based Violence (GBV) Vulnerabilities Black women, adolescent girls, and LGBTQAI face in light of COVID-19 Social Isolation Prevention Measures.

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*This article is part of **at the Forefront's** COVID-19 Journal Series to illuminate the disproportionate impact the pandemic has on Black women, girls, and communities across the globe. This piece addresses the lack of recognition or response to the increased Gender Based Violence (GBV) vulnerabilities Black women, girls, and LGBTQIA face as a result of COVID-19 social isolation measures. To learn more visit us at www.attheforefront.net*

This past Sunday **at the Forefront (atF)**, a social justice-focused global think tank led by Black women, hosted a healing circle for Black women featuring Kareen Shawa, a Kenyan, Zambia-based yoga instructor, who led an intense heart opening yoga session. Women from all over the world attended the virtual session including Black women from all walks of life based in Nairobi, New Jersey, and Washington, DC. The premise behind atF's monthly healing circle is recognition of the inordinate burden of stress, anxiety, and trauma Black women carry, with minimal space and opportunity to allow for self-care.

A significant driver of the stress burden carried by Black women results from experiencing combined race, and gender bias which affects most of us in unique ways despite our geographic location, socioeconomic level, ethnicity, and manifests into serious health conditions including mental health disorders, emotional eating leading to widespread obesity, high blood pressure, heart disease, pre-term labor and other health challenges.

It is notable that racial justice movements, particularly *Black Lives Matter*, have recently increased visibility particularly in the global arena; However, **Say Her Name**, a movement focused on continued police brutality against African American women while their assailants walk free gains much less visibility and discussion in the global space. The most recent senseless killing of **Breonna Taylor** without any progress toward charging the law enforcement officers who murdered her in her home, is a classic display of atrocities against Black women that gain minimized media attention, global outrage, nor justice for perpetrators.

Another instance of the invisible experiences of Black women was during the height of the *Me Too* movement launched in 2006 by Tarana Burke, an African American woman based in Philadelphia, and a sexual assault survivor. The movement seemed to gain momentum and global attention primarily when non-Black women, especially American celebrities, became the face of the movement after sharing their survivor stories.¹The number of Black women all over the world who are survivors of sexual assault

¹ BBC, "Me Too founder Tarana Burke: Movement is not over" 19 July 2020 <https://www.bbc.com/news/newsbeat-53269751>

including rape, incest, and intimate partner violence (IPV) is staggering, and another driver of persistent stress, anxiety, depression, and post-traumatic stress disorder.

According to the World Bank, 1 in 3 women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence by any perpetrator in their lifetime.² Due to normalization of GBV and victim blaming, women also hold perceptions that are destructive to progress, for instance **approximately 75% of women aged 15-24 years believe wife beating is justified under at least once condition in Guinea, Mali, and the DRC (UNFPA)**. In the United States, approximately 41% of Black women have experienced physical violence by an intimate partner compared to 31% of White women, 30% of Hispanic women and 15% of Asian or Pacific Islander women.³ Furthermore, GBV which is fueled by deep rooted socio-cultural and gender norms, is highest where there are the widest gender inequality gaps. **Sub-Saharan has the widest gender inequality gaps in the world, with some of the most inequitable being Chad, the Democratic Republic of Congo (DRC), Mauritania, Mali, Niger, and Nigeria.**⁴

The new Coronavirus pandemic (COVID-19) pandemic has spurred an unrivaled global health crisis that has compromised the physical, mental and emotional wellbeing of populations across the globe. Among the numerous realities of living with COVID-19 include overburdened health systems, declining economies, with every sector being impacted. It has been recognized that transmission prevention measures, in particular social distancing and lockdowns, have created unintended risks, particularly for women and girls who are at risk of GBV and IPV. In Kenya, similar to the impact of the Ebola Viral Disease (EVD) lockdowns and school closures in Sierra Leone, Liberia, and Guinea, there has been a sharp spike of teenage pregnancy rates causing a national crisis. As a result of the rising teenage pregnancy rates, child marriage is subsequently on the rise.⁵

Evidence of COVID-related IPV Against Women and Girls of African Descent: The spread of the COVID-19 pandemic across Africa has seen a rise in IPV in many countries on the continent.^{6,7,8,9} FEMNET, the African Women's Development and Communication Network, reported an increase in violence against

2 World Health Organization. Violence Against Women [WHO web- site]. 2019. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

3 Breiding, M. J. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. Morbidity and mortality weekly report. Surveillance summaries (Washington, DC: 2002), 63(8), 1.

4 Equal Measures 2030

5 Omar, Shaban "Girls Forced to into Marriage due to Teenage Pregnancy" Kenya Star 30, August 2020 <https://www.the-star.co.ke/news/big-read/2020-08-31-girls-forced-into-marriage-due-to-teenage-pregnancy/>

6 Activists appeal to AU as abuse against women, girls soars under Covid-19, <https://www.rfi.fr/en/africa/20200427-activists-appeal-to-au-as-abuse-against-women-girls-soars-under-covid-19>

7 EJIRO UMUKORO, Amidst COVID-19 Lockdown, Nigeria Sees Increased Sexual and Gender Violence, <https://pulitzercenter.org/reporting/amidst-covid-19-lockdown-nigeria-sees-increased-sexual-and-gender-violence>

8 Bukola Adebayo, South Africa has the continent's highest Covid-19 cases. Now it has another pandemic on its hands, <https://www.cnn.com/2020/06/19/africa/south-africa-gender-violence-pandemic-intl/index.html>

9 Putting women and girls' safety first in Africa's response to COVID-19. <https://www.brookings.edu/blog/africa-in-focus/2020/05/08/putting-women-and-girls-safety-first-in-africas-response-to-covid-19/>

women in Africa tied to the pandemic.¹⁰ In Kenya, reports of IPV have increased significantly since the beginning of its COVID-19 response, with violence against women and girls (VAWG) making up a third of reported crimes since the pandemic began.^{11,12} Similarly, the Domestic and Gender Violence Response Team in Nigeria reported a 60 percent increase in domestic violence since late March.¹³ Despite the South African government's ban on the sale of alcohol, often a key contributing factor of violence, the Foundation for Human Rights raised concerns of increasing incidents of Coronavirus-related VAWG during the country's lockdown.¹⁴

In the United States, disparities in the increased vulnerability of black women and other communities of color to domestic violence and sexual assault have been reported on by the National Center on Violence against Black Women in the Community.¹⁵ This awareness-raising is significant as we know that reports of IPV typically only represent a small percentage of cases. In general, less than 40% of women who experience GBV report it¹⁶ largely due to the obstacles they face. For black women the existing barriers of stigmatization and reprisal, challenges accessing culturally appropriate information on where and how to seek support, and access to safe and quality response services tailored to their needs, are all further compounded during this time.

LGBTQIA+ Community vulnerabilities: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Abstinent (LGBTQIA) narratives remain relatively removed from dialogues of the most vulnerable populations during the COVID-19 pandemic. However, their vulnerabilities are extremely high during these harrowing times. In addition to the COVID-19 social isolation measures limiting their access to health services, LGBTQIA youth face increased rates of domestic abuse due to living with unsupportive family members and co-habitants, increasing their vulnerability to violence.¹⁷

10 Activists appeal to AU as abuse against women, girls soars under Covid-19, <https://www.rfi.fr/en/africa/20200427-activists-appeal-to-au-as-abuse-against-women-girls-soars-under-covid-19>

11 Agnes Odhiambo, Tackling Kenya's Domestic Violence Amid COVID-19 Crisis, <https://www.hrw.org/news/2020/04/08/tackling-kenyas-domestic-violence-amid-covid-19-crisis#>

12 Statement on justice sector operations in the wake of the COVID-19 pandemic. <http://ncaj.go.ke/statement-on-justice-sector-operations-in-the-wake-of-the-covid-19-pandemic/>

13 JIRO UMUKORO, Amidst COVID-19 Lockdown, Nigeria Sees Increased Sexual and Gender Violence, <https://pulitzercenter.org/reporting/amidst-covid-19-lockdown-nigeria-sees-increased-sexual-and-gender-violence>

14 Sakhiseni Nxumalo, Concerns raised over the spike of gender-based violence attacks <https://www.iol.co.za/mercury/news/concerns-raised-over-the-spike-of-gender-based-violence-attacks-46833860>. Joanne Chukwueke, *The "shadow pandemic" of gender-based violence*, <https://www.atlanticcouncil.org/blogs/africasource/the-shadow-pandemic-of-gender-based-violence/>.

15 FACT SHEET COVID-19, Domestic Violence and Sexual Assault within Communities of Color, <https://ujimacommunity.org/wp-content/uploads/2020/06/COC-SA-DV-COVID-Fact-Sheet.pdf>

16 UN Women, Issue brief, 2020

17 OHCHR COVID-19 AND THE HUMAN RIGHTS OF LGBTI PEOPLE 17 April 2020 <https://www.ohchr.org/Documents/Issues/LGBT/LGBTpeople.pdf>

In states where same-sex relationships are illegal, particularly across most of Sub-Saharan Africa, LGBTQAI and non-gender conforming communities are stigmatized, and violence at times is condoned. Experiences of African queer and lesbian women in particular have shown that their challenges are invisible, and their voices muted:

Same-sex activity in Kenya is banned and criminalized to this day. This makes it difficult to collect or access statistical data or information on the state of the lives and experience of LGBTQIA+ people in the country. Between 2008 and 2015 at least six incidents of LGBTQIA+ people being targeted and attacked in mob violence were reported.¹⁷ LGBTQIA+ individuals are frequently vilified by religious leaders and law enforcement officials in the media. This makes it a struggle to seek or find any legal recourse when such violence occurs. As in South Africa, the gendered dynamics of violence against LGBTQIA+ individuals are based on misconceptions and discriminatory behaviors and attitudes.

Much of the violence is perpetrated by men against queer and gay men who do not meet heteronormative standards. **Queer and lesbian women also face violence but because queer women's experiences have been, for the most part, written out of history, they are often invisible in society.** Their experiences are usually silenced or ignored entirely. Transgender and intersex individuals face even higher rates of violence as their existence directly challenges the very basis of gender essentialist discourse.

COVID-19 and IPV: The COVID-19 pandemic and its associated health, economic and social impact, have led to an unprecedented global crisis. Times of crisis heighten existing GBV vulnerabilities for women and girls¹⁸ and health pandemics are no different. Evidence from the Ebola outbreak in Guinea, Liberia and Sierra Leone pointed to an increased risk of GBV for women and girls.^{19,20} In the current COVID-19 pandemic, pre-existing gender inequality combined with numerous pandemic-related stress factors, such as economic insecurity, heightened tensions in interpersonal relationships and the breakdown of community support mechanisms²¹, can exacerbate women and girls' exposure to violence in the household. Given that the pandemic and its effects continue to evolve, evidence on the impact of COVID-19 on IPV is relatively preliminary. Furthermore, disaggregated data on the specific impact on women and girls in the African diaspora is still emerging. Nevertheless, key data driven by reporting

18 Peterman et al., 2020

19 Onyango, Monica & Resnick, Kirsten & Davis, Alexandra & Shah, Rupal. (2019). Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak: Medical, Anthropological, and Public Health Perspectives. 10.1007/978-3-319-97637-2_8. https://www.researchgate.net/publication/330085671_Gender-Based_Violence_Among_Adolescent_Girls_and_Young_Women_A_Neglected_Consequence_of_the_West_African_Ebola_Outbreak_Medical_Anthropological_and_Public_Health_Perspectives

20 Sexual and gender-based violence during COVID-19: lessons from Ebola, <https://theconversation.com/sexual-and-gender-based-violence-during-covid-19-lessons-from-ebola-137541>

21 Human Rights Watch, Human Rights Dimensions of COVID-19 Response, March 2020, <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>.

from GBV organizations, media reports and anecdotal accounts have revealed a surge in cases in many sub-Saharan African countries affected by COVID-19.^{22, 23, 24,25,26}

In the United States, disparities in the increased vulnerability of black women and other communities of color to domestic violence and sexual assault have been reported on by the National Center on Violence against Black Women in the Community.²⁷ This awareness-raising is significant as we know that reports of IPV typically only represent a small percentage of cases. In general, less than 40% of women who experience GBV report it²⁸ largely due to the obstacles they face. For black women the existing barriers of stigmatization and reprisal, challenges accessing culturally appropriate information on where and how to seek support, and access to safe and quality response services tailored to their needs, are all further compounded during this time.

Impact of COVID-19 Response on IPV Risk Mitigation: Evidence shows that household stress can increase the risks of IPV. The associated stresses of COVID-19 and the required public health measures present a unique strain on household tensions and stress leading to interpersonal conflicts, which can escalate to violence. Stay-at-home orders and movement restrictions have led to families spending more time in close contact, sometimes in confined and cramped conditions.²⁹ As a result, women and girls at risk of IPV are forced to isolate with their abusers and are disconnected from their usual social and protective networks (e.g. friendship groups, family, neighbors/community support networks, teachers, local women’s rights groups).^{30,31} This creates a specifically vulnerable environment for black women and girls. Studies on coping mechanisms for black survivors of VAWG found that Black women tend to

22 Impact of COVID-19 Pandemic on Violence against Women and Girls, VAWG Helpdesk Research Report: <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/vawg-helpdesk-284-COVID-19-and-vawg.pdf>

23 Amber Peterman, Megan O’Donnell, and Tia Palermo, COVID-19 and Violence against Women and Children What Have We Learned So Far?, 2020.

24 Graham-Harrison. Lockdowns around the world bring rise in domestic violence, <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>; Gupta A, Stahl A. For abused women, a pandemic lockdown holds dangers of its own. The New York Times. 2020. Retrieved from <https://www.nytimes.com/2020/03/24/us/coronavirus-lockdown-domestic-violence.html>

25 Loi Almeron. “Domestic violence cases escalating quicker in time of COVID-19.” Mission Local. March 27, 2020, <https://missionlocal.org/2020/03/for-victims-of-domestic-violence-sheltering-in-place-can-mean-more-abuse/>

26 Amanda Taub. A New Covid-19 Crisis: Domestic Abuse Rises Worldwide. April 6, 2020, <https://www.nytimes.com/2020/04/06/world/coronavirus-domesticviolence.html>

27 FACT SHEET COVID-19, Domestic Violence and Sexual Assault within Communities of Color, <https://ujimacommunity.org/wp-content/uploads/2020/06/COC-SA-DV-COVID-Fact-Sheet.pdf>

28 UN Women, Issue brief, 2020

29 Roesch et al, 2020

30 IASC, Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response; https://www.carefrance.org/ressources/themas/1/93a8e81-8640-Global-RGA_COVID_RDM_3.31.2.pdf

31 Anurudran et al, 2020; Godin, 2020; WHO COVID-19 & VAW, 2020

rely on informal support networks such as family, friends and community support mechanisms in response to IPV.³²

The disruption of livelihoods due to COVID-related unemployment and diminished economic opportunities can also increase IPV risks. In cultures where traditional gender-power dynamics place economic responsibilities on men, this can create a sense of inadequacy and powerlessness, and in some instances provoke the assertion of power through violence towards their partners.³³ Furthermore, the increased mental/psychosocial strain of confined and restricted living conditions and economic insecurity can also lead to a reliance on unhealthy coping mechanisms, such as excessive alcohol consumption, a well-documented risk factor for perpetration of abuse.³⁴

COVID-19 and Access to IPV Response Services: In addition to increasing the risks of IPV in the household, the pandemic response can limit survivors' access to a range of essential GBV support services. For example, living in close quarters with their abusers might lead to perpetrators of violence restricting their movement and access to technology and communication services.³⁵ This can increase the security concerns of women and girls, hamper their ability to access information on the availability of, and any changes to, services³⁶ and put them at risk of further violence should they try to access support. Even if IPV survivors are able to leave their homes in order to seek out support, the fear of contracting COVID-19 could prevent many survivors from accessing health or community support facilities and essential IPV services.^{37,38,39,40}

The pandemic has placed a strain on many countries' health and protection systems, disrupting the availability and provision of essential IPV services. Key health sector responses to IPV, such as sexual and reproductive health services and mental health and psychosocial support services, may be scaled back as resources are redirected to the pandemic response.⁴¹ This can be particularly challenging for black women across the globe who often struggle to find response services tailored to their specific needs. In the US, the National Center on Violence Against Women in the Black Community notes a shortage of targeted,

32 <https://www.buffalo.edu/news/releases/2017/01/015.html>

33 Roesch et al, 2020; UN Women, 2020

34 Cafferky, Mendez, Anderson, & Stith, 2018; Jarnecke & Flanagan, 2020

35 WHO COVID-19 and VAW, 2020

36 [UN Women, Rapid Assessment and Findings, 2020](#)

37 Gupta A, Stahl A. For abused women, a pandemic lockdown holds dangers of its own. The New York Times. 2020. Retrieved from <https://www.nytimes.com/2020/03/24/us/coronavirus-lockdown-domestic-violence.html>.

38 Jarnecke, A. M., & Flanagan, J. C. (2020). Staying safe during COVID-19: How a pandemic can escalate risk for intimate partner violence and what can be done to provide individuals with resources and support. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <http://dx.doi.org/10.1037/tra0000688>

39 MÉLISSA GODIN, As Cities Around the World Go on Lockdown, Victims of Domestic Violence Look for a Way Out. <https://time.com/5803887/coronavirus-domestic-violence-victims/>

40 Geary, 2020

41 WHO COVID-19 & VAW, 2020

culturally specific services for Black survivors of IPV and sexual violence to begin with.⁴² An uptick in IPV incidences could reduce the capacity of existing culturally specific GBV service providers targeting black women to provide essential support services, such as crisis centers and shelters, legal aid and financial economic empowerment support.^{43,44}

Reports already confirm that numerous domestic violence shelters have reported being unable to take in new survivors either due to reaching capacity, social distancing measures or because the shelters have been repurposed as health centers.^{45,46,47} Similarly, the response to COVID-19 has reduced essential legal and protection services for VAWG survivors either due to the closure of courts or the challenges in remotely providing these services.⁴⁸ This hampers women and girls' ability to file complaints or pursue legal cases against their perpetrators, which in turn reinforces the impunity of perpetrators.⁴⁹

Way Forward: GBV prevention, risk mitigation and response forms one of the critical focus areas of *At the Forefront's* Strategic Framework. As a result, At the Forefront supports continued calls for IPV risk mitigation and access response services to be considered essential during the COVID-19 pandemic response. It also seeks to increase awareness of the specific impact of COVID-19 on black women and girl survivors of IPV globally through network building of existing anti-GBV social movements led by women of African descent across the world.

We seek to do this by advocating for the following six (6) recommendations:

1. **Increased evidence** including analytical research, data and reporting on the disproportionate levels of GBV including femicide, against women, adolescent girls, and LGBTQIA communities of African descent and the subsequent impact on their lives.
2. **Increased documentation** of existing GBV-prevention strategies and best practices developed by feminist activists of African descent, and women's rights and youth organizations in sub-Saharan Africa and the diaspora;
3. **Facilitating knowledge exchange** on GBV prevention, risk mitigation and response amongst a global coalition of women of African descent and ensuring that women have the forums to share their experiences by:

42 <https://ujimacommunity.org/>

43 UN Women, *Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings, 2020*

44 UNW issue brief, 2020

45 Caroline Bettinger-Lopez, CFR Expert and Alexandra Bro, *A Double Pandemic: Domestic Violence in the Age of COVID-19*, May 13, 2020.

<https://www.cfr.org/in-brief/double-pandemic-domestic-violence-age-covid-19>

46 Jarnecke & Flanagan, 2020

47 UN Women, Issue brief, 2020

48 UN Women, *Rapid Assessment and Findings, 2020*

49 UN Women, *Rapid Assessment and Findings, 2020*

- i. Increasing knowledge of target women and their social influencers of what constitutes GBV
 - ii. Making information on available support institutions and tools available and accessible to women and girls (such as health and psychosocial services, legal aid, financial support, etc.)
4. **Increased diversity** in technical expertise which influence GBV prevention and response strategies led by women of African descent that reflect social norms, and cultural underpinnings of GBV.
5. **Increased enforcement** of legal protections resulting in the reduction of gender and racial bias in the legal system to ensure adequate judicial systems and enforce laws against perpetrators of GBV and in particular IPV, and sexual violence including marital rape.
6. **Enacting new legislation** that provides recognition for the unique needs of the LGBTQAI and increases their human rights as a highly vulnerable population, particularly throughout Sub-Saharan Africa and the Carribean.

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