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Violence against women, its causes and consequences

Note by the Secretary-General

The Secretary-General has the honour to transmit to the General Assembly the report of the Special Rapporteur on violence against women, its causes and consequences, Dubravka Šimonović, in accordance with Assembly resolution [73/148](#).

* [A/75/150](#).



Report of the Special Rapporteur on violence against women, its causes and consequences, Dubravka Šimonović

Intersection between the coronavirus disease (COVID-19) pandemic and the pandemic of gender-based violence against women, with a focus on domestic violence and the “peace in the home” initiative

Summary

In the present report, the Special Rapporteur on violence against women, its causes and consequences, Dubravka Šimonović, analyses the intersection between the coronavirus disease (COVID-19) pandemic and the pandemic of gender-based violence against women, with a particular focus on domestic violence, while encouraging the “peace in the home” initiative of the Secretary-General.

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I. Introduction

1. The present report of the Special Rapporteur on violence against women, its causes and consequences, Dubravka Šimonović, is submitted to the General Assembly pursuant to its resolution [73/148](#). In the report, the Special Rapporteur addresses the intersection between the coronavirus disease (COVID-19) pandemic and the pandemic of gender-based violence against women, with a focus on domestic violence.

2. The report seeks to analyse violence against women, in particular domestic violence against women, within the context of the COVID-19 pandemic, when women's ordinary lives have been affected by the numerous restrictive lockdown measures imposed by Governments to contain the virus.

3. The intersection between the COVID-19 pandemic, and its lockdown measures, and the pandemic of violence against women, has exposed pre-existing gaps and shortcomings in the prevention of violence against women as a human rights violation that had not been sufficiently addressed by many States even before the onset of the COVID-19 pandemic. Measures to combat COVID-19 have mostly been gender-blind with many States failing to consider measures to combat gender-based violence against women as essential services and as basic human rights that should not be restricted. A combination of such factors has resulted in the fact that lockdown measures imposed to contain the COVID-19 pandemic increased the risk of gender-based violence against women, especially domestic violence.

4. Based on the fact that the obligations of States, including the due diligence obligation to prevent and combat gender-based violence against women at the hands of private individuals, including family members, as established by the relevant international human rights standards, are fully applicable in the context of the COVID-19 pandemic, the present report provides recommendations to States, the United Nations and other relevant stakeholders on the actions and measures needed to prevent and combat gender-based violence against women, with a focus on domestic violence, in the context of the COVID-19 pandemic and beyond, taking into account the fact that the pandemic of violence against women preceded the current pandemic and will most likely outlast it. The report is also aimed at contributing to the global call of the Secretary-General for "peace in the home" during the COVID-19 pandemic and beyond.

II. The intersection between the COVID-19 pandemic and the pandemic of gender-based violence against women, with a focus on domestic violence

A. General context

5. The virus that causes COVID-19 was first identified in Wuhan, China, in December 2019 and quickly spread to other regions of the world throughout the first months of 2020. On 30 January 2020, the World Health Organization declared the outbreak a public health emergency of international concern, and on 11 March 2020, it elevated its alert by declaring it a pandemic. The highly contagious nature of the disease and its fast spread throughout the globe, as well as the absence of scientifically proven treatments or vaccines, have led States to impose different restrictive measures on the movement of people aimed at limiting the spread of the viral outbreak and preventing a collapse of their health-care and other systems.

6. The restrictive measures imposed have been established to promote physical distancing among the population and therefore reduce opportunities for contagion. They include the closure of borders, the closure of businesses, courts, schools, cultural events, public places and non-essential industries and services, the prohibition of gatherings and the quarantining of infected and/or exposed individuals, and have culminated in lockdowns and home confinement measures that considered the home and the family context as safe for isolation. As the measures were implemented, their gender-blind nature and gendered impact on women and girls became increasingly clear, as domestic violence predominantly affects women. For many women and their children, such measures increased the frequency, intensity and risk of domestic violence to which they were exposed.

7. Such measures also included the redirection of resources towards fighting the COVID-19 outbreak by scaling down all services considered non-essential, including services and/or protection mechanisms for women against gender-based violence, such as shelters, helplines, protection orders and reproductive health services, many of which have been reduced or suspended. Stay-at-home lockdown measures have also affected the role of women in the home, confirming that stereotyped divisions of labour are still predominant, with women facing increases in domestic responsibilities, including caring for children who have been left without childcare or schools, older persons and those who are sick.

8. Women and girls in certain disadvantaged and marginalized groups have been particularly affected by compounded and intersectional forms of discrimination. They include those from minorities, indigenous, Afrodescendant, migrant and rural communities, older women, women and girls with disabilities, homeless women, and women deprived of liberty and victims of trafficking. Health workers occupying front-line roles providing crucial medical care and other urgent services are predominantly women, as well, leading to their greater exposure to the virus.

9. All of this has exposed and reinforced the gaps and shortcomings at the national, regional and global levels in preventing and combating the pandemic of gender-based violence against women, which had been normalized to different levels in many parts of the world and insufficiently addressed by States according to the human rights standards established at the United Nations and at regional levels.

B. Response by the Secretary-General and the United Nations system

10. The Secretary-General has been a leading voice in the global response to the COVID-19 pandemic and its impact on violence against women. Since the beginning, the Secretary-General has stressed the need for multilateral collaboration to overcome the crisis and has emphasized that human rights should be at the centre of the response plans of Governments.¹ Member States acknowledged the need for full respect for human rights in the response to the pandemic in General Assembly resolution 74/270, in which the Assembly reaffirmed its commitment to international cooperation and multilateralism. Among the Secretary-General's earliest concerns regarding human rights violations in the context of the pandemic was the issue of domestic violence against women. On 6 April 2020, the Secretary-General called on States to adopt measures to address a "horrifying surge in domestic violence cases" affecting women and girls. Referring to his call for a ceasefire in conflicts around the world and an "end to violence everywhere", the Secretary-General recalled that, for many women and girls, the home is a place of violence and fear. He urged all governments "to put

¹ See United Nations, "COVID-19 and human rights: we are all in this together", April 2020.

women's safety first as they respond to the pandemic" and launched a global appeal for "peace in the home".²

11. Some 146 Member States responded immediately and warned: "As more countries report infection and lockdown, domestic violence helplines and shelters across the world are reporting rising calls for help. Victims and survivors have no means of escape when violence occurs in the place they are being told to take shelter: at home." States committed to "making prevention and redress of gender-based violence a key part of [their] national and global responses, including ensuring that information is available and that services are safely accessible."³

12. The Secretary-General has released policy briefs with guidance for delivering responses to COVID-19 that protect the most vulnerable populations, based on expertise from across the United Nations system. On 9 April 2020, a policy brief on the impact of COVID-19 on women, drafted in collaboration with the Office of the High Commissioner for Human Rights, was released, stating: "A pandemic amplifies and heightens all existing inequalities. These inequalities in turn shape who is affected, the severity of that impact, and our efforts at recovery."⁴

13. The Secretary-General recommended that every COVID-19 response plan, every recovery package and all budgeting of resources should address the gender impacts of the pandemic.

14. The High Commissioner for Human Rights has also been actively reminding States and other stakeholders of the central role of human rights in the response to the pandemic and has issued extensive guidance on it.⁵

C. Activities of and response by the Special Rapporteur on violence against women and the Platform of Independent Expert Mechanisms on Discrimination and Violence against Women

15. Many of the Special Rapporteur's regular and mandated activities have been affected by the restrictive measures imposed as a result of the COVID-19 pandemic, with a particularly negative impact on planned country visits to Mongolia and Papua New Guinea, which remained postponed at the time of writing. For the first time, the Special Rapporteur was not able to participate in person at the Human Rights Council, and on 7 July 2020, she presented her thematic report on combating violence against women journalists ([A/HRC/44/52](#)) and reports on her country visits to Bulgaria ([A/HRC/44/52/Add.1](#)) and Ecuador ([A/HRC/44/52/Add.2](#)) to the Council at its forty-fourth session and engaged in constructive dialogue with relevant delegations via video link.

16. As one of the first responses to the COVID-19 context and the exacerbated risk of gender-based violence against women as a result of lockdown measures, the Special Rapporteur issued a press statement on 27 March 2020 calling on States to continue to combat domestic violence during the COVID-19 pandemic.⁶ The Special Rapporteur noted the likelihood that domestic violence rates, including intimate

² United Nations, UN News, "UN chief calls for domestic violence 'ceasefire' amid 'horrifying global surge'", 6 April 2020.

³ New Zealand, Ministry of Foreign Affairs and Trade, "Joint United Nations statement on gender-based violence under COVID-19", 23 April 2020.

⁴ United Nations, "Policy brief: the impact of COVID-19 on women", 9 April 2020.

⁵ Office of the United Nations High Commissioner for Human Rights (OHCHR), "COVID-19 guidance", 13 May 2020.

⁶ OHCHR, "States must combat domestic violence in the context of COVID-19 lockdowns – UN rights expert", Geneva 27 March 2020.

partner femicide, would increase in the context of the isolation of women with their abusers, on the one hand, and the reduced availability of and access to services such as shelters and police interventions, on the other. The Special Rapporteur called on Governments to maintain and adapt protection measures and services during the COVID-19 pandemic.

17. Noting the lack of information and data on gender-based violence against women during the COVID-19 pandemic, on 9 April 2020, the Special Rapporteur issued a call for submissions⁷ on COVID-19 and domestic violence against women, including a questionnaire to States, national human rights institutions, international organizations, civil society, academia and other stakeholders, seeking information on: the availability of hotlines, shelters or safe places; women's access to justice and court, and access to protection orders; women's access to health-care services, in particular for reproductive health; the available data on the increase in violence against women, particularly domestic violence; and examples of good practices in the response to the crisis. The Special Rapporteur is sincerely grateful for the more than 274 submissions received, which have exposed many shortcomings and informed and inspired the present report.

18. In addition, the Special Rapporteur has compiled a reference document on actions taken and recommendations made by relevant United Nations entities, United Nations and regional independent expert mechanisms, and civil society organizations in response to the surge in violence against women during the COVID-19 pandemic.⁸

19. During the crisis, the Special Rapporteur has actively participated in expert panels and seminars to raise the mandate holder's concerns and has called for urgent action to ensure women's protection against gender-based violence against women and domestic violence during the COVID-19 pandemic:

(a) On 29 April 2020, she participated in a seminar hosted by the Right On initiative on the theme "COVID-19 and women: the gendered impact of the crisis", which brought together United Nations system and government officials, who discussed the gendered implications of the COVID-19 pandemic on women's livelihoods, workload, vulnerability to violence and access to reproductive health services, as well as the particular vulnerabilities of some groups of women and the need to continue pushing back against the pushbacks on women's rights in that context;⁹

(b) On 20 May 2020, the Special Rapporteur joined scholars and independent human rights experts to address the increased risks of violence against women in the context of the COVID-19 pandemic, including online violence against women. The event on the theme "Violence against women and girls before, during and after COVID-19: the shadow pandemic that must be addressed", which was hosted by the Council of Europe, served to address the continuing obligations of States Parties to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention);¹⁰

(c) On 29 May 2020, a high-level panel organized by the Inter-American Court of Human Rights, the Inter-American Commission of Women and the Follow-Up Mechanism to the Belém do Pará Convention debated the aggravated consequences for women of the COVID-19 pandemic, taking into account the structural discrimination and violence to which they are subjected on an everyday

⁷ OHCHR: "Call for submissions: COVID-19 and the increase of domestic violence against women". (n.d.).

⁸ Available at www.ohchr.org/EN/Issues/Women/SRWomen/Pages/ResponseCOVID19.aspx.

⁹ Right On, "COVID-19 and women: the gendered impact of the crisis", 30 April 2020.

¹⁰ Webinar available at www.coe.int/en/web/istanbul-convention/webinar.

basis. The panel participants highlighted the importance of collaboration between regional and United Nations expert mechanisms to recall the obligations of States regarding women's rights during the pandemic;

(d) On 4 June 2020, the Special Rapporteur joined a webinar hosted by the Permanent Mission of Australia to the United Nations in Geneva on the theme "Human rights in your home: family violence exacerbated and exposed by COVID-19". The Special Rapporteur highlighted the importance of data for tracking domestic violence, including femicides, during COVID-19 and stressed that pre-existing gaps in responses to domestic violence were compounded by gaps caused by COVID-19, requiring both new measures and a reassessment of responses post-COVID-19;

(e) On 11 June 2020, the Special Rapporteur participated in a webinar organized by the National Women's Council of Ireland on the theme "Setting the #feminist agenda: challenging violence against women". In the webinar, the panellists discussed priorities and strategies for the recovery phase, which calls for a reimagined response to domestic violence and gender-based violence. The Special Rapporteur stressed the monitoring of the main issues and good practices carried out under her mandate, which confirmed many of the risks and consequences identified early in the pandemic.¹¹

20. On 23 and 26 June 2020, the Special Rapporteur participated in discussions on gender-based violence during the COVID-19 pandemic chaired by the Secretary-General at the Deputies Committee and the Executive Committee. The Secretary-General stressed the importance of the topic, recognizing that the problem has become even more serious in the current COVID-19 context, requiring an effective response at all levels.

21. The Special Rapporteur has, on numerous occasions,¹² argued that there is a need for the establishment of a new United Nations system-wide approach or strategy to combat gender-based violence against women and for the elaboration of a United Nations implementation plan that would guide national efforts to combat the long-standing pandemic of gender-based violence against women, in line with international standards. The aforementioned recommendations, made pre-COVID, are even more important during the current context, as pre-existing shortcomings in preventing and combating gender-based violence against women have been exposed and exacerbated as a result of the COVID-19 pandemic.

22. The Special Rapporteur has continued to coordinate the Platform of Independent Expert Mechanisms on Discrimination and Violence against Women, an initiative that brings together United Nations and regional independent expert mechanisms. Owing to the COVID-19 pandemic, the Platform was not able to hold its eighth meeting, scheduled to take place in March 2020, in the margins of the sixty-fourth session of the Commission on the Status of Women. Therefore, on 14 May 2020, the Special Rapporteur hosted the eighth meeting of the Platform online,¹³ with the purpose of

¹¹ Webinar available at www.facebook.com/watch/live/?v=1165762117091015&ref=watch_permalink.

¹² See, for example, the statement by the Special Rapporteur, Dubravka Šimonović, at the sixty-fourth session of the Commission on the Status of Women, New York, 9 March 2020, available at www.ohchr.org/Documents/Issues/Women/CSW/CSW64.pdf; and the statement by the Special Rapporteur, Dubravka Šimonović, at the forty-fourth session of the Human Rights Council, available at www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=26048&LangID=E.

¹³ The report of the meeting is available at www.ohchr.org/Documents/Issues/Women/SR/14May2020_EDVAW_Platform_meeting_report.docx.

sharing information on each mechanism's responses to the COVID-19 pandemic, as well as assessing possible joint initiatives on the issue.

23. Following the meeting, on 14 July 2020, the expert mechanisms issued a joint statement on COVID-19 and the increase in gender-based violence and discrimination against women.¹⁴ The experts reminded States of their responsibility for combating both pandemics by maintaining access to justice and services for the elimination of gender-based violence against women, in line with the relevant international standards, which remain applicable during the COVID-19 pandemic.¹⁵

24. Finally, in addition to the activities related to the response to COVID-19, the Special Rapporteur hosted an online expert group meeting on 27 May 2020 on the criminalization and prosecution of rape, with the collaboration of Equality Now. Attended by 40 participants, the meeting brought together experts from the United Nations system, regional mechanisms, civil society and academia, who debated the applicable international human rights standards as well as the gaps and challenges in national laws in different regions of the world. The results of the meeting will inform the elaboration of the Special Rapporteur's final thematic report, to be presented to the Human Rights Council in June 2021. The Special Rapporteur also issued a call for submissions and a questionnaire on the topic on 9 April 2020 and had received over 145 submissions at the time of writing the present report. She will welcome additional responses to the questionnaire and contributions until 31 December 2020.¹⁶

D. Impact of the intersection between the COVID-19 pandemic and the pandemic of gender-based violence against women and girls, with a focus on domestic violence

25. In the following paragraphs, the Special Rapporteur provides an analysis of the intersection between the pandemics of COVID-19 and gender-based violence against women, and its consequent impact, based on over 270 submissions received by the Special Rapporteur from a variety of stakeholders. The information received has revealed numerous shortcomings and the general lack of a coordinated response by States in addressing and preventing gender-based violence against women, including through the provision of essential services, both before and during the COVID-19 pandemic, in line with their obligations, as outlined in the Declaration on the Elimination of Violence against Women and general recommendation No. 35 (2017) of the Committee on the Elimination of Discrimination against Women on gender-based violence against women, updating general recommendation No. 19.

26. In some States, women were fully included in the design of COVID-19 response plans, including in a leadership role (for example, in New Zealand). In the majority of States, however, women are largely absent from local, national and global COVID-19 response teams, policy spaces and decision-making, reflecting the low number of women Members of Parliament and leaders at the global and national levels.

27. Civil society, especially women's non-governmental organizations (NGOs), have prioritized the elimination of gender-based violence against women, and their activities have had a profound social and political impact, contributing to the recognition of gender-based violence against women as a human rights violation and

¹⁴ OHCHR, "Joint statement by the Special Rapporteur and the EDVAW Platform of women's rights mechanisms on COVID-19 and the increase in violence and discrimination against women", 14 July 2020.

¹⁵ Ibid.

¹⁶ Available at www.ohchr.org/EN/Issues/Women/SRWomen/Pages/SRVAV.aspx.

to the adoption of laws and policies to address it (general recommendation No. 35, para. 4).

28. Indeed, it is clear that without the support of NGOs in assisting women fleeing from violence, their plight would be much worse; NGOs play an active role in preventing and combating violence, while mobilization strategies at the community level can be effective in preventing violence against women if they are coordinated to involve all levels of society, including local government representatives, community leaders, NGOs and women's groups. However, during the current crisis, many NGOs and women's groups have lost funding and their members have been forced to adapt to new ways of working, including by offering their services remotely, while also ensuring their own health and safety and that of their families.

29. While financial stress and the anxiety associated with the onset of COVID-19 and the subsequent lockdown is placing considerable strain on the majority of families and relationships, it does not, per se, cause domestic violence. A Scottish NGO¹⁷ noted that the language currently being used in relation to the crisis has done little to dispel the idea that the pandemic is the "cause" of domestic abuse and instead is propagating the misconceived notion that domestic abuse involves one-time incidents of physical violence related to external factors beyond the perpetrators control. It was noted that "domestic abuse must be understood as a cause and consequence of women's inequality, and abuse remains a choice by the abuser and cannot be excused by external factors, no matter what those circumstances may be".¹⁸

30. The response by some Governments to the increase in gender-based violence has been deemed insufficient. In its April survey, the National Democratic Institute noted that 78 per cent of respondents reported that the country's Government had not responded to provide enhanced prevention, protection or delivery of support services, and only 22 per cent reported that the Government had responded correctly. In the most recent survey, in June, an increase in government response to the issue was observed, with 58 per cent reporting that the Government had provided a response, against 42 per cent still reporting that the Government had not responded adequately.¹⁹

31. While some countries have undertaken the necessary steps to ensure that essential services continue to operate, many others have closed or scaled back such services as crisis centres, helplines, shelters and safe accommodation, and have cut the financial support provided to civil society and women's organizations that operate such services, further reducing the few sources of support that women in abusive situations may have.

32. Some States have adopted new measures to support women victims of gender-based violence. They include online services, the establishment of alert systems for reporting domestic violence at food stores and pharmacies, the provision of hotel accommodation where shelters are full, the authorization of the use of telemedicine for reproductive health care at home, the provision of economic support for domestic workers and low-income earners who have stopped working, the provision of extended paid leave for any parent to take care of children or persons with disabilities who stay at home, the provision of free childcare or of temporary housing and food for poor women, the provision of "e-justice" services to support continuity of law and justice services during the crisis, and remote psychosocial counselling and legal information.²⁰

¹⁷ Submission by Scottish Women's Aid.

¹⁸ Ibid.

¹⁹ Submission by the National Democratic Institute.

²⁰ OHCHR, "COVID-19 and women's human rights: guidance", 15 April 2020.

33. The media has also been instrumental in a number of countries in raising public awareness of the situation of gender-based violence in the country in the context of COVID-19 and the importance of gender-based violence support as a part of the national COVID-19 response.

34. Some States have issued moratoriums on evictions owing to rental and mortgage arrears (Canada, Spain and United States of America), deferrals of mortgage payments for those affected by the virus, the extension of winter moratoriums on forced evictions of informal settlements and increased access to sanitation and emergency shelter spaces for homeless people.

35. In the United Kingdom of Great Britain and Northern Ireland, the Government launched the “You Are Not Alone” campaign and allocated £37 million in emergency funding to the gender-based violence against women sector for six months.²¹

36. In Scotland, the Government allocated over £1.5 million in funding in March to Rape Crisis Scotland and the Scottish Women’s Association to ensure that women and children who are affected by violence against women continue to have access to support services. A total of £1.35 million was allocated to the Scottish Women’s Association to cover costs, including remote working information technology costs and the provision of relief workers for the national domestic abuse and forced marriage helpline. Employees of the NGO Women’s Aid have also been confirmed as “key workers”.²²

37. In Ireland, plans are being developed for a self-isolation facility for persons seeking asylum, deportations have been postponed and assurances have been given by the Government that health care and income support will be available to all undocumented migrants and that they are encouraged to seek help, if needed. In France, the national Government responded to the crisis of domestic violence by providing grants to organizations working to combat violence against women, establishing victim alert systems in pharmacies, paying for hotel rooms to be used as shelters and setting up a texting emergency number specifically dedicated to women with disabilities experiencing violence. In Georgia, information on State-provided services for survivors of violence against women and domestic violence was displayed in quarantine hotels for citizens returning to the country.²³

38. Parliaments and political parties have also offered recommendations on policies and actions to effectively respond to the shadow pandemic of violence against women. The Progressive Party of Chile set out policy recommendations for a COVID-19 response, in which they called for the urgent creation of public infrastructure and emergency services to protect survivors of violence against women. Regional parliaments have also been active: the Latin American and Caribbean Parliament adopted a resolution that called for the gender mainstreaming of the COVID-19 response and the inclusion of women in all levels of decision-making, and the Chair of the Committee on Women’s Rights and Gender Equality of the European Parliament issued a statement urging the European Union and its member States to increase support to victims of domestic violence during the COVID-19 crisis.²⁴

²¹ Joint submission by non-governmental organizations in the United Kingdom of Great Britain and Northern Ireland.

²² Submission by Scottish Aid.

²³ Submission by the Government of Georgia.

²⁴ Submission by the National Democratic Institute.

E. Lack of integrated services and protection measures on violence against women to prevent and combat domestic violence during the COVID-19 pandemic

39. In her report to the Human Rights Council in 2017, in which she considered a human rights-based approach to integrated services and protection measures on violence against women, with a focus on shelters and protection orders, the Special Rapporteur noted States' obligations to combat violence against women and to protect every woman's right to be free from violence. The recognition of women's right to live free from violence determines States' human rights obligation to protect women victims or potential victims of violence against women by adopting laws and practical measures to prevent and combat such violence, providing a comprehensive set of services such as shelters and measures, including protection orders. Such services must be victim-centred and focused on women's human rights, safety and empowerment of the victim and aimed at avoiding secondary victimization of women and children. Such a holistic approach has to apply to all the phases related to the provision of the protection measures, with a view to preventing, protecting and prosecuting gender-based violence and ensuring victims' rehabilitation from violence and thus their empowerment (see [A/HRC/35/30](#), paras. 41–42).

40. Through her mandate, the Special Rapporteur has gained considerable experience by gathering information on shelters and protection orders during country visits that included visits to shelters and the collection of first-hand information from survivors of violence against women, service providers and the authorities concerned. As such, she is acutely aware of the significant gaps and challenges linked to the provision of shelters and protection orders in many countries. Indeed, despite some recognition that domestic violence forces women and children to relocate for safety, too often Governments do not provide national planning or funding to establish sufficient numbers, capacity or distribution of shelters around the country, and in many States around the world, there are no shelters; in others, there are only daily shelters without overnight stays (see [A/HRC/35/30](#)). The COVID-19 crisis has exposed and exacerbated the serious gaps that exist when it comes to ensuring adequate and available shelter for women and girls who are victims of gender-based violence.

41. Restrictions on movement imposed in order to contain the COVID-19 pandemic have left thousands of women and girls trapped at home, a place of fear, where psychological, sexual, physical and economic abuse are rampant. For those women who are already in abusive situations, their situation has been exacerbated by the crisis, as they have now been left more exposed to increased control by their abusers, while their legal and social support networks have been shattered or, in some cases, never existed, making it impossible or difficult for them to seek immediate assistance or to escape. Many women are also being threatened with being thrown out of their homes or having financial resources and medical aid withdrawn.

42. The combination of lockdown measures, financial constraints and generalized uncertainty is exacerbating patriarchal norms and emboldening perpetrators to use additional power and control. Physical distancing measures are also being used by some perpetrators to continue or escalate their abuse and to prevent victims from reporting the abuse in many States.

43. It should be noted that, in the context of domestic abuse, pre-existing legal shortcomings in addressing other forms of gender-based violence against women, including the non-recognition of psychological violence as violence against women, the lack of criminalization of marital rape and coercion-based rather than consent-based definitions of rape, present additional barriers to reporting. The statute of

limitations for reporting cases of rape could also create a significant obstacle for women and girls after the COVID-19 pandemic has dissipated.

44. Furthermore, women will be deterred from reporting if protection orders barring perpetrators and removal orders are either non-existent or inadequate, and if police intervention is not gender-sensitive or if there is no risk assessment. Submissions received indicate an increased risk of abuse occurring in front of children, as well as the fact that many women can no longer see their children if they are in institutional care homes.²⁵ In cases of shared custody, many perpetrators are also using the pandemic to flout visitation rights and to justify not returning children to their mothers after contact time.

45. Reports have been emerging of perpetrators using the COVID-19 virus itself as a form of abuse. By failing to adhere to lockdown restrictions, some abusers are coming and going from the home and, upon return, are deliberately spitting or coughing in their partner's face. Others are also using it as a tactic to avoid police questioning by declaring that they have the virus and are therefore unable to present themselves at the police station.²⁶

46. The following paragraphs highlight gaps in the provision of essential human rights-based measures and services to prevent and combat gender-based violence against women during the COVID-19 pandemic and beyond, and include good practices based on information received in response to the specific questions posed by the Special Rapporteur in her call for submissions.

1. Helplines

47. In her aforementioned report, the Special Rapporteur noted that around-the-clock national toll-free telephone helplines should be made available for women victims and should provide confidential advice, with due regard for the victim's anonymity, and be able to handle emergency admission to shelters (see [A/HRC/35/30](#), para. 107), in line with article 2 of the Convention on the Elimination of All Forms of Discrimination against Women and article 24 of the Istanbul Convention. Government-run and civil society helplines have only been made available 24/7²⁷ and free of charge in some countries.

48. In many States, there are helplines but they are not 24/7 or toll-free. During the COVID-19 pandemic, many helplines have reported an increase in the number of calls, while some others report no change or decreased demand, highlighting the importance of alternative methods of communication since it can be difficult for women to reach out for help by phone while sharing a living space with an abusive partner during lockdown.

49. The United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) reported that, under the current circumstances, 24-hour hotlines specifically for survivors of gender-based violence are being operated predominantly by civil society in many Pacific countries.²⁸ Those hotlines, in addition to providing a space to report violence, are in some cases also providing psychosocial first aid, counselling and legal aid for survivors of violence. Some hotlines have also been set up during the pandemic to address specific needs; for example, a regional hotline was launched in Eurasia to provide information and services to people living

²⁵ Submission by Scottish Women's Aid.

²⁶ Submission by a network of women's groups in the United Kingdom.

²⁷ Including Bangladesh, Canada, Colombia, Finland, India, Kenya, Norway, South Africa and United Kingdom.

²⁸ Submission by the Asia and the Pacific Regional Office of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).

with HIV/AIDS and key populations affected by COVID-19 to ensure the non-interruption of antiretroviral treatment and counselling and referral on sexual and reproductive health and gender-based violence.²⁹

50. Between 1 March 2020 and 16 April 2020, the helpline run by the Government of Italy (1522) received 5,031 telephone calls, 73 per cent more than in the same period of 2019. A total of 1,543 women called because they were in immediate need of help against an abuser or stalker, and 45.3 per cent of women that called the Government-run helpline feared for their lives or their physical integrity. In 93.4 per cent of cases, they were victims of domestic violence.³⁰ In Mexico, as at 31 March 2020, 115,614 emergency calls were recorded (545 related to sexual abuse, 22,628 related to intimate partner violence and 64,858 related to family violence). In Lebanon and Malaysia, calls to violence helplines doubled, while in Spain, there was a 48 per cent increase in calls to helplines.³¹ Colombia recorded a 100 per cent increase in calls to helplines during a four-week period of the crisis.³² In South Africa, calls to the National Gender-Based Violence Command Centre tripled during the lockdown.³³

51. In seven countries in the Pacific where hotlines are operational (Fiji, Kiribati, Micronesia (Federated States of), Samoa, Solomon Islands, Tonga and Vanuatu), several are reporting increased calls following declarations of a state of emergency, lockdowns or other Government-mandated COVID-19 mitigation actions.³⁴ Although many countries are reporting an increase in calls to helplines and similar services, that may be attributable to the increased promotion of the services and numbers as part of the gender-based violence COVID-19 response.

52. Some countries have also taken steps to ensure that the helplines and hotlines are accessible to different ethnic populations and linguistic minorities. In Bosnia and Herzegovina, the helplines were made available to asylum seekers and migrants, and support for those groups was provided in their native language through telephone lines answered by “cultural mediators”.³⁵

2. Availability of shelters or other safe accommodation

53. In countries that submitted data to the United Nations Population Fund, shelters are mostly available; however, even before COVID-19 hit, many shelters were already underresourced and had limited capacity, and with the pandemic and the increase in cases of gender-based violence, almost all shelters are full and overstretched. Most crisis centres and shelters for domestic violence victims – many run by NGOs – stopped accepting new survivors during the COVID-19 crisis owing to mandatory quarantine measures and a lack of capacity for physical distancing or self-isolation. Their activities are now limited to online consultations. In a number of countries, it is difficult for survivors to access shelters because of restrictions on movement. Some shelters also require a 14-day quarantine before being admitted, while others require proof of not having the disease in the form of negative test results.

54. In its report entitled “Rapid assessment: impact of COVID-19 on women’s civil society organizations”, UN-Women highlighted the challenges that civil society organizations and women in the Asia-Pacific region are experiencing in the face of COVID-19. In regular consultations and webinars with activists, front-line service

²⁹ United Nations Population Fund (UNFPA) consolidated submission.

³⁰ Submission on COVID-19 and the increase of domestic violence against women: perspective from Italy, L. Sipala and V. Sicari.

³¹ Submission by the Government of Spain.

³² Submission by the Ministry of Health and Social Protection, Colombia.

³³ Submission by Oxford Human Rights Hub.

³⁴ Submission by the Asia and the Pacific Regional Office of UN-Women.

³⁵ UNFPA consolidated submission.

providers and allies, UN-Women was informed that keeping services to address violence against women open has been difficult in many countries, and in some places, services had to stop operating. In many cases, women do not know that shelters exist or which services are still functioning during COVID-19 and how to access them.

55. Survivors of domestic violence face barriers to accessing crucial support because State services in some countries demand extensive documentation to obtain emergency shelter, including local registration. Requirements to show proof of local residence can be particularly problematic for some women to produce if, for instance, they lost ownership of their home after a divorce or had to flee a long distance to escape abuse. Victims must often wait weeks for a decision, and then, in some cases, are denied access to shelter while facing ongoing risk of abuse.³⁶

56. In some countries, shelters are not available to certain groups of the population, such as non-nationals and immigrants. The quarantine centres that some countries have established also pose a challenge. The risks of violence and abuse against isolated women in such centres is high.³⁷ Many shelters have also imposed restrictive measures to protect those already in shelters.

57. Migrant women face particular barriers to accessing critical services. For example, it is reported that, in the United Kingdom, abusers are using their immigration status to control them or prevent them from seeking help, and they may fear approaching authorities owing to the risk of detention, deportation or separation from their children. People on such visas as spousal or fiancé visas have “no recourse to public funds” under the Immigration and Asylum Act 1999, making them ineligible for most government benefits. Many shelters, reliant on public funds, cannot accept survivors with “no recourse to public funds.”³⁸

58. Another challenge has been implementing physical distancing measures within domestic violence shelters, in particular if there is a shortage of beds. In some cases, employees themselves may feel that the health risks of working during the pandemic are too high for the wages they receive.³⁹ An initial survey conducted by Women’s Aid revealed that, while domestic abuse services in England were trying to adapt to the government guidelines and continuing to offer vital support to domestic abuse survivors, “many have been forced to reduce or withdraw the support that they are able to offer women and children – largely due to staff shortages and challenges in adapting to remote delivery”. Some 80 per cent of women’s front-line support was reporting a reduced service because of less face-to-face contact, as well as staff sickness and technical issues, including a basic lack of laptops to enable working from home.⁴⁰

59. Shelters may not be available or equipped for all women needing safety. Older persons face heightened risks of violence during COVID-19 lockdowns and may have fewer accessible services for shelter. Women with disabilities with high-level requirements for support cannot access shelters for women or alternative personal support staff that would enable them to move away from abusive situations.⁴¹

60. Some countries, however, such as Viet Nam, are taking steps to respond to the need for an increased number of shelters and are providing temporary shelters for

³⁶ Human Rights Watch, *I Could Kill You and No One Would Stop Me: Weak State Response to Domestic Violence in Russia*, (October 2018), pp. 64–75.

³⁷ UNFPA consolidated submission.

³⁸ Submission by Human Rights Watch.

³⁹ Submission by Oxford Human Rights Hub.

⁴⁰ Women’s Aid, “The impact of Covid-19 on domestic abuse support services: findings from an initial Women’s Aid survey” (accessed on 27 June 2020).

⁴¹ Ibid.

victims of gender-based violence at registered hotels.⁴² In Denmark, the Government has secured 55 additional emergency places for women in shelters owing to the increase in domestic violence during the pandemic.⁴³

61. In Portugal, the Government opened two new shelters with a capacity for 100 women and initiated a television, radio and social media campaign informing women that they could seek help during the lockdown and encouraging the community to report any cases of domestic violence.⁴⁴ In Azerbaijan, the Government has increased the number of shelters and safe spaces for women affected by intimate partner violence.⁴⁵ In Fiji, efforts have been made to train male health workers, police and members of the military to respond to and prevent violence against women.⁴⁶

62. In Canada, women and transgender and non-binary people experiencing violence are exempt from physical distancing measures, and women's shelters have been declared essential services in most provinces and territories and have remained open throughout the pandemic. The Government provided a one-time boost of approximately \$26 million in funding to women's shelters "that provide a sanctuary when self-isolating at home is not an option". Civil society organizations advocated for clearer messaging from governments, in particular in the first phase of lockdown, to ensure people knew they did not need to stay at home if home was not a safe place.⁴⁷

63. In Spain, services for the support and protection of victims of male violence are declared an essential service so that they can keep running at the same capacity during the crisis. New space for emergency shelters has also been made available in response to the crisis.⁴⁸ In the United States, in Washington, D.C., some jurisdictions are embracing a "scatter-site" housing model (rather than traditional shelters). "Scatter-site" housing comes with a lower public health risk because families are housed as a single unit in a single house or apartment. In addition, many hotels are offering rooms at reduced rates to shelters.⁴⁹ In Romania, the Mayor of Bucharest inaugurated the largest centre for victims of domestic violence in the Romanian capital at the beginning of the outbreak of the pandemic.⁵⁰

3. Access to justice and to protection orders

64. In her aforementioned report, the Special Rapporteur noted the obligation of States to ensure access to protection orders to ensure safety through a "go" order, which requires a perpetrator of domestic violence to leave a shared home and to keep at a certain distance from the victim (barring orders). Protection orders can impose a range of restraints on the person subject to the order. For example, they require a perpetrator to vacate the residence of the victim or to stay away from the shared home, from specific places (e.g., the victim's workplace or her children's school) or to refrain from contacting the victim or person at risk. Some jurisdictions permit additional orders to require, for example, a perpetrator to pay rent for the family home or child support, or to surrender weapons in his possession (see [A/HRC/35/30](#), para. 61).

65. In almost all countries around the world, courts are either closed or operating at reduced hours. As a result, there are limited hearings and considerable delays in

⁴² UNFPA consolidated submission.

⁴³ Submission by the Danish Institute for Human Rights.

⁴⁴ Submission by the Government of Portugal.

⁴⁵ UNFPA consolidated submission.

⁴⁶ UNFPA consolidated submission.

⁴⁷ Submission by Amnesty International Canada.

⁴⁸ Submission by European Women's Lobby.

⁴⁹ Submission by Advocates for Human Rights.

⁵⁰ Submission by the National Democratic Institute.

processing cases. Moreover, while some courts are operating at reduced capacity, in many countries, domestic violence cases are not prioritized by the courts.

66. As a means of adapting to the current context, many courts are switching to the use of new online technology to hear cases remotely, and some States have opened up the possibility of issuing e-protection orders. However, submitting the paperwork online has proved challenging, in particular for those women with low socioeconomic status. In many contexts, the access of women and girls to technology is limited, as phones or computers are often controlled by male relatives. Their opportunity to safely make a phone call or use any other form of digital communication to report violence and seek help is particularly compromised where they share a residence with the perpetrator. The lack of access to technology or inadequate technology prevents many women from having their cases resolved expeditiously. Timely access to justice for some women is a matter of life and death, while access to justice for women in the midst of the global COVID-19 pandemic has been put on hold, with the consequences to be revealed at a later stage if comparable data are available.

67. In response to the particular obstacles women may face in accessing protection and justice during COVID-19 stay-at-home orders, the public defender's office in São Paulo State in Brazil is allowing people to report domestic violence online and requesting that judges issue restraining orders or other protection measures remotely instead of requiring victims to appear in their office.⁵¹

68. In India, the Jammu and Kashmir High Court took suo motu (on its own) cognizance of the rise in domestic violence cases and passed an order suggesting various directions, including increased telecounselling or online counselling of women and girls; designated informal safe spaces for women where they can report domestic violence, such as grocery shops; and the immediate designation of safe spaces and shelter homes in empty hostels, academic institutions and other sites for victims of domestic violence, alongside an increased campaign to spread awareness of the issues. The Court directed all courts in Jammu and Kashmir and Ladakh to treat cases of domestic abuse as urgent.⁵²

69. In South Africa, the Chief Justice has authorized all heads of court and magistrates in the superior and lower courts to issue directives to enable access to courts in relation to urgent matters, such as bail applications, maintenance, domestic violence and child-related cases.⁵³

70. Even in those countries where courts remain open, other barriers may prevent women from having their applications for domestic violence orders heard. In Ireland, for example, it was noted that, as public transport routes were significantly reduced, if not completely suspended, during the lockdown period, women who were living in rural areas or outside of towns where courthouses were located were restricted from attending the courts unless they had access to their own transport. Lack of childcare is also a significant issue hindering access to the courts.⁵⁴

F. Access to health-care services, including for reproductive health

71. With women disproportionately occupying front-line roles providing crucial medical care and other essential services, they are being placed at increased risk of

⁵¹ Submission by the Government of Brazil.

⁵² Submission by Oxford Human Rights Hub.

⁵³ UN-Women, World Health Organization, United Nations Development Programme, United Nations Office on Drugs and Crime (UNODC) and UNFPA, "COVID-19 and essential services provision for survivors of violence against women and girls" (n.d.).

⁵⁴ Submission from Safe Ireland.

contracting the virus. Greater exposure to infection and the need for personal protective equipment is at the forefront of the disproportionate impact on women and girls. Women represent 70 per cent of health workers, including midwives, nurses, pharmacists and community health workers on the front lines. Women health-care workers on the front lines have also called attention to menstrual hygiene needs, protection from abuse and stigma, and the need for psychosocial support.

72. The COVID-19 public health crisis is negatively affecting sexual and reproductive health and rights. In particular, the harm caused by pre-existing medically unnecessary legal and policy barriers to access to sexual and reproductive health services has been exacerbated in the pandemic context, while some Governments have sought to take advantage of the crisis by restricting those rights and are creating new barriers to access to abortion services by deeming it a non-essential medical procedure.

73. Restrictions on the provision of health-care services that are essential to women and girls, such as the termination of pregnancy (even in those States that permit legal abortions), in particular in cases of rape or incest, affect the health of women and girls disproportionately. Apart from denial of services, the fear of COVID-19 transmission from overcrowded hospitals and the unavailability of obstetricians have also left pregnant women vulnerable to health complications, including both physical and psychological stress, as many are reportedly skipping antenatal appointments and rethinking delivery options owing to health and safety concerns⁵⁵ or are missing scheduled check-ups and lacking access to essential medication, as they are simply unable to consult with their absent doctors.

74. In response to the increasing decline in access to reproductive health services, on 6 May 2020, 59 Governments issued a joint press statement on protecting sexual and reproductive health and rights and promoting gender-responsiveness in the COVID-19 crisis.⁵⁶ The statement notes that sexual and reproductive health needs, including psychosocial support services, and protection from gender-based violence, must be prioritized to ensure continuity.

75. In that vein, some countries have taken important steps to ensure that health-care services continue. For example, Ireland and parts of the United Kingdom have adopted measures to secure access to abortion care during the pandemic, including by legalizing teleconsultations and the use of early medical abortion at home.⁵⁷ In France, in a joint statement published on 3 April by the Minister of Health and the State Secretary for Gender Equality, new guidelines were released stating that consultations for abortion care can take place via phone or Internet and, where women wish to and it is medically approved, they may take both medical abortion pills at home.⁵⁸ In Belgium, the Government has made contraceptives free for all women under 25 years of age.⁵⁹

G. Data collection

76. The case has been repeatedly made that the collection, analysis and sharing of relevant data are crucial for effective and coordinated measures to prevent, investigate and prosecute the gender-related killing of women. To accomplish those goals,

⁵⁵ Ibid.

⁵⁶ Available at www.government.se/statements/2020/05/joint-press-statement-protecting-sexual-and-reproductive-health-and-rights-and-promoting-gender-responsiveness-in-the-covid-19-crisis/.

⁵⁷ Submission by the Centre for Reproductive Rights.

⁵⁸ Available at https://solidarites-sante.gouv.fr/IMG/pdf/200403-_ivg_et_covid-19.pdf.

⁵⁹ Submission by European Women's Lobby.

detailed data are required to gauge the magnitude and dimensions of the problem, to establish baselines, to identify groups at high risk, to focus intervention and prevention efforts where they are needed most, to monitor changes over time, to assess the effectiveness of interventions and to address the harm to victims of violence.⁶⁰

77. At the beginning of the COVID-19 pandemic, media and victims' services reported a sharp upsurge in calls to helplines, indicating an increase in gender-based violence. Some States have reported an increase in gender-based violence against women, especially domestic violence, online violence against women and girls and intimate partner and family-related femicides. In some regional contexts, pre-existing prevalent forms of gender-based violence, such as child, early and forced marriages and female genital mutilation, have also reportedly increased.⁶¹ However, data from some countries have shown a reduction in complaints filed for gender-based violence. Data compiled by the United Nations Office on Drugs and Crime showed a reduction in March and April 2020 of reported cases of sexual violence in a group of 21 countries and stability in intimate partner femicides in 8 countries. In some countries, such as Italy, a substantial increase in calls to helplines was accompanied by a reduction in reports of sexual violence.⁶²

78. In general, there is a lack of comparable administrative data on gender-based violence, which makes it difficult to evaluate the extent of the increase in gender-based violence during the COVID-19 pandemic. Administrative data collected before COVID-19 on intimate partner femicide or gender-related killings of women revealed that women were disproportionately affected by intimate partner killings in the context of domestic violence. In States where such data are available, they revealed that more than 80 per cent of persons killed in the context of intimate partner violence were women, showing that the home could be a very dangerous place for them. Out of all the women killed in the world in 2019, 58 per cent were killed at the hands of intimate partners or family members.⁶³

79. While national prevention systems often lack reliable data and risk assessments in so-called "normal" times, the current context is making it difficult to get a clear picture of the potential increase in violence as a result of COVID-19 and the related lockdown and physical distancing directions. Evidence-based gender analysis and documentation on gender-specific human rights impacts of the virus and the measures adopted in response should be given greater emphasis.

80. At the time of writing, comprehensive data on violence against women and femicides were not yet available. However, some States will have data on intimate partner killings or femicide at the beginning of 2021, which will provide an opportunity to compare data in the COVID-19 context. The collection of such data in the current crisis would greatly assist in the analysis of femicide cases during the COVID-19 pandemic and could contribute to avoiding similar escalations of gender-based violence in any future crises.

⁶⁰ *United Nations, Guidelines for Producing Statistics on Violence Against Women: Statistical Surveys* (United Nations publication, Sales No. E.13.XVII.7).

⁶¹ African Commission on Human and Peoples' Rights, "Press release of the Special Rapporteur on the Rights of Women in Africa on violation of women's rights during the COVID-19 pandemic", 6 May 2020.

⁶² Presentation by Fatma Ismetova Usheva, researcher, UNODC, in the webinar on the theme "Violence against women in time of COVID-19", held on 29 June 2020.

⁶³ UNODC, *Global Study on Homicide: Gender-related Killing of Women and Girls* (Vienna, 2018).

H. Intersectional discrimination and gender-based violence against women in the context of the COVID-19 pandemic

81. The crisis adversely affects women who are disproportionately represented in precarious forms of employment, in the informal sector and in domestic work and other low-paid and temporary jobs. The absence of social protection systems in many countries leaves them vulnerable to the social and economic shocks linked to measures that are being introduced to curb the pandemic. The loss of income has direct consequences for women's ability to afford housing, food and water for themselves and their households.

82. The closure of schools and educational institutions has resulted in millions of girls being kept at home. Out of the total population of students enrolled in education globally, the United Nations Educational, Scientific and Cultural Organization estimates that over 89 per cent are currently out of school because of COVID-19 closures. That figure represents 1.54 billion children and young people enrolled in school or university, including nearly 743 million girls. Over 111 million of those girls are living in the world's least developed countries. While online schooling can help ensure continuous education, it is not an option for many girls and women who carry the burden of domestic work and/or lack the necessary resources and devices to access the Internet. Millions of girls around the world are not online and therefore may not have access to the learning that is taking place in the digital space.

83. The economic impact of the pandemic may also lead to girls being removed from schools for child labour, early or forced marriages, or transactional sex in certain contexts. In the context of domestic confinement, girls are also at increased risk of incest, early pregnancy and rape, as well as female genital mutilation and femicide by family members (honour killings).

84. The restrictive measures being employed by many countries can lead to compounded and intersectional forms of discrimination against women who belong to disadvantaged and marginalized groups, including but not limited to women and girls from minorities and indigenous, migrant and rural communities, older women and women and girls with disabilities, homeless women and victims of trafficking, who are particularly affected by the crisis.

85. Women represent more than half of the older population and are therefore facing challenges that are further aggravated by living in long-term, often underresourced care facilities and are not adjusting well to self-isolation measures. The World Health Organization reported in June 2020 that, for older women under lockdown during the pandemic who are "already in abusive situations, gender inequalities and prolonged exposure to their abusers increases the risks of gender-based violence against older women".⁶⁴ Data from the hotline of the Ministry of Women, Families and Human Rights of Brazil between 7 March and 17 June 2020 indicate that Brazil has seen a significant daily increase in rights violations during the COVID-19 crisis against older persons, including mistreatment and exposure to health risks.⁶⁵

86. Reports have shown that incidents of discrimination against women and girls have increased during the pandemic, in particular against women belonging to minority groups, especially those at the bottom of the economic ladder.⁶⁶ Migrant

⁶⁴ World Health Organization, "COVID-19 and violence against older people," (n.d., accessed 26 June 2020).

⁶⁵ See "Acessível em libras", available at <https://ouvidoria.mdh.gov.br/portal/indicadores> (accessed 25 June 2020); and De Universa, "Ministério recebe 1.3 mil denúncias de violações de direitos humanos", 26 March 2020, available at www.uol.com.br/universa/noticias/redacao/2020/03/26/ministerio-recebe-13-mil-denuncias-de-violacoes-de-direitos-humanos.htm.

⁶⁶ Submission by UN-Women.

domestic workers, the vast majority of whom are women, are at particular risk, especially those who live with their employers, and they face significant risks of infection and abuse in their workplace and often have little leverage to demand proper safety protocols and equipment.⁶⁷ It may be difficult or impossible to reduce the risk of infection through physical distancing while carrying out domestic work, while at the same time, domestic workers may face increasingly hazardous conditions at work.

87. Women and girls with disabilities, in particular those with pre-existing health conditions or who are living in institutional settings, face compounding issues. COVID-19 lockdowns will exacerbate the situation of women with disabilities who were already being abused. Domestic violence is a hidden phenomenon, as many women with disabilities do not have the means to report it.⁶⁸ Access to ongoing and quality services, support and care face huge disruptions. It is crucial that services offering information, emergency contact numbers and helplines are all accessible, including relay services for women and girls who are deaf, hard of hearing and deafblind.

88. Women and girls in asylum-seeking centres are being held in already overcrowded facilities that are not fit for purpose and are at increased risk not only of contracting the virus but, owing to limited staffing, they may also be exposed to sexual exploitation and abuse. There may also be limited provision for self-isolation and limited access to adequate hygiene procedures.

III. Conclusion and recommendations for States and other stakeholders

89. **The COVID-19 pandemic represents an opportunity to bring about meaningful and lasting change at the national, regional and international levels, as it has placed the issue of gender-based violence against women, and domestic violence against women, in particular, in the spotlight. That momentum must be directed towards bringing about comprehensive shifts in the legal, political, cultural and social drivers that enable gender-based violence against women, towards addressing structural inequalities and deficits that have consistently held women back and towards reimagining and transforming societies. As indicated in the present report, United Nations system officials, experts and entities have developed several relevant initiatives that deal with the most pressing manifestations of gender-based violence against women in the COVID-19 context. However, the crisis has also highlighted the pre-existing lack of coordination and of a systemic approach to the elimination of violence against women, an issue that the Special Rapporteur has brought to light since the beginning of her mandate.**

90. **We must not lose sight of the gains we have achieved over recent years and should take heart from the immediate and positive response and commitment of some 146 Member States to the global appeal of the Secretary-General for “peace in the home” in April, building on the earlier appeal for a global ceasefire and an “end to all violence everywhere”. The response represents much-needed political will in the current context to address discrimination and violence against women, and any response to the crisis should be considered an opportunity to recognize and reinforce the efforts that have already been made in promoting and protecting the rights of women in all spheres of life and to**

⁶⁷ International Domestic Workers Federation, “Global: IDWF statement on protecting domestic workers rights and fighting the coronavirus pandemic”, 18 March 2020.

⁶⁸ Submission by Human Rights Watch.

“build back better”. It is also an opportunity to establish a United Nations system-wide approach or strategy to prevent and combat violence against women (comparable to the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women), as has been recommended previously by the Special Rapporteur.

91. The Special Rapporteur calls upon States to take a gender-sensitive intersectional approach in their responses to COVID-19 and to implement the following key measures:

(a) States parties should uphold their human rights obligation to prevent and protect women from, and hold perpetrators accountable for, gender-based violence against women. As such, States should include measures to prevent, protect, and prosecute violence against women as a key part of national response plans for COVID-19 and ensure that measures taken to contain the pandemic through restrictions on movement and imposed home confinement do not have the unintended consequence of enabling and increasing violence against women and domestic violence at home. If the home is not a safe place, if there is no “peace in the home”, women should have access to holistic and integrated services and measures to protect them from gender-based violence;

(b) States also have a human rights obligation to guarantee women’s full and meaningful participation and equal representation in policymaking and decision-making in the COVID-19 response and recovery efforts, including social and economic recovery plans, at all levels and to recognize women as significant agents for societal change in the present and post-COVID-19 period;

(c) States should bring national legal frameworks and policies in line with international human rights standards on preventing and combating violence against women, as set out in the Declaration on the Elimination of Violence against Women, the Beijing Platform for Action and general recommendations No. 19 (1992) on violence against women and No. 35⁶⁹ of the Committee on the Elimination of Discrimination against Women and relevant regional instruments;

(d) States should update and implement national action plans on violence against women in line with general recommendation No. 35 of the Committee on the Elimination of Discrimination against Women, including by adapting relevant measures and services required to combat violence against women in the context of the COVID-19 pandemic;

(e) States should ensure that assistance and support services for women and girls who are victims of violence during quarantine are considered to be an essential element for the protection of their human rights, and local and national authorities should take steps to ensure their continued availability;

Data collection

(f) States should systematically gather data on gender-based violence and femicide or gender-related killings of women during the COVID-19 pandemic, in line with the modalities outlined in the report of the Special Rapporteur (A/71/398) and general recommendation No. 35 of the Committee on the Elimination of Discrimination against Women and conduct a comparison between femicide data collected before and during the COVID-19 pandemic;

⁶⁹ Elaborated in cooperation with the Special Rapporteur.

Helplines

(g) States should establish around-the-clock national toll-free telephone helplines for victims, which would provide confidential advice, with due regard for the victim's anonymity, and which would be able to handle emergency admission to shelters. In the COVID-19 context, alternative options should be made available and should include text messaging services and e-helplines;

Shelters

(h) States should establish a sufficient number of safe shelters or other safe places, such as hotels, for women and children who are victims of violence and secure access to rape crisis centres, along with remote psychological counselling services, which should be available in the context of COVID-19 restrictions, and develop protocols for the safe accommodation and care of women who are not admitted to such services owing to their exposure to COVID-19, which includes safe quarantine and access to testing;

Access to justice and protection orders

(i) States should ensure access to courts and other competent authorities entrusted with issuing protection orders for all forms of violence against women. The orders must be easily accessible and adequately adapted to the COVID-19 context and should include access to e-protection orders and e-emergency orders available online and ex parte that could order a perpetrator to vacate the residence or prohibit the perpetrator from entering the residence or contacting the victim;

Access to health-care services, including for reproductive health

(j) Specific attention should be paid to intersectional violence against women and girls from marginalized groups, their specific needs should be considered in terms of accountability for protection measures and services, and access to testing and treatment should be guaranteed;

(k) States should ensure that the COVID-19 pandemic is not misused to restrict access to sexual and reproductive health services and safe abortion and post-abortion services by qualifying them as non-essential services;

Civil society organizations and national human rights institutions

(l) States should establish constructive cooperation with women's civil society organizations, women's movements and independent human rights institutions dealing with cases of domestic violence and abuse, and allocate adequate funding, staffing and equipment for women's organizations and facilities, in line with international human rights law;

(m) States should include violence against women as a standing agenda item at the Commission on the Status of Women and initiate the elaboration of a global implementation plan to prevent and combat violence against women based on the Declaration on the Elimination of Violence against Women and general recommendation No. 35 of the Committee on the Elimination of Discrimination against Women, in cooperation with women's organizations and other relevant stakeholders;

United Nations system, special procedures and treaty bodies

(n) **States and the United Nations should establish a United Nations system-wide approach or strategy to prevent and combat violence against women (comparable to the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women) with the full participation of the Special Rapporteur on violence against women, its causes and consequences, the Committee on the Elimination of Discrimination against Women and the Working Group on discrimination against women and girls and other treaty bodies and special procedures, when relevant;**

(o) **The Committee on the Elimination of Discrimination against Women and the Special Rapporteur should develop an implementation guide on general recommendation No. 35 on gender-based violence against women, in line with the framework of cooperation agreement between the two mandates,⁷⁰ with support from the Office of the United Nations High Commissioner for Human Rights, UN-Women and other United Nations agencies. The guide on gender-based violence against women should provide the basis for an optional protocol on violence against women to the Convention on the Elimination of All Forms of Discrimination against Women, and for a global implementation plan on violence against women.**

⁷⁰ Available at www.ohchr.org/Documents/Issues/Women/SR/SRVAV_CEDAW_Framework_Cooperation.pdf.