

COVID-19 AND THE INCREASE IN DOMESTIC VIOLENCE.

CONTEXT AND SITUATION ANALYSIS

Fiji is a nation which has more than 330 islands with a multi-cultural population of 884887 people of which the indigenous people make up the majority and about 30% of the population are Fijians of Indian decent.

Fiji Women's Crisis Centre National Research on Women's Health and Life Experiences in Fiji (2010/2011) shows that "64% of women (almost 2 in 3) who have ever been in an intimate relationship experienced physical and/or sexual violence or both by a husband or intimate partner in their lifetime. Overall, 7 in 10 women (71%) have been subjected to physical and/or sexual violence by either a partner or non-partner since they turned 15".¹ Fiji ranges among one of the countries with very high rates of violence against women in the Pacific.

It is well accepted that the risk of violence against women will increase during periods of political instability, natural disasters or states of emergencies. For such a small nation, Fiji has had 3 coups; 2 of which were military coups and 1 quasi- military coup. Fiji has a government that is military backed and there is a huge military presence. Over the past years, Fiji has seen increased militarisation and increased military presence in policing which has had an impact on brutality by security forces. In documentation on the impact of the May 2000 coup on women and violence against women and girls, it is evident that increased militarisation gives rise to increased machoism and reversion to entrenched patriarchy². This then impacts service provision particularly in state service providers like the police, courts and social welfare and often rights gained for women regress and the country's human rights erode. The declaration of COVID-19 as a natural disaster as per the Natural Disaster Management Act legitimizes military presence and intervention. There was an instance where Military personnel was seen in full gear (including guns) outside Fiji's superannuation funds Office, Fiji National Provident Fund, when Fijians who had lost their jobs during the COVID-19 crisis were trying to access their funds.

The Fiji government has put in place restrictions such as social distancing and social gathering rules, curfews and lockdowns in their efforts to combat the spread of the virus. Reports of human rights violations due to alleged breaches of COVID- 19 restrictions have surfaced and any criticism of the government's actions could result in a charge of "*malicious act*". A woman who was charged with "*malicious act*" was kept in police custody for more than 48 hours even though the laws prohibited the police from keeping her that long. Furthermore, despite Fiji being a signatory to the Convention on the Rights of the Child, where the best interest of the child must be upheld, a 7-month old baby spent the night in the cell with her parents who were arrested for breach of COVID-19 restrictions.

Despite all of this, we were able to address Gender Based Violence (GBV) because of organisations like the Fiji Women's Crisis Centre (FWCC) and the Minister for Women who has been key in promoting women's human rights, eliminating violence against women and her willingness to work with Civil Society organisations in responding to and preventing GBV.

¹ Somebody's Life, Everybody's Business: A National Research on Women's Health and Life Experiences in Fiji, 2013, p 35,59

² The Impact of the May 19 Coup on Women in Fiji, Fiji Women's Crisis Centre, August 2011.

BRIEF ON FIJI WOMEN'S CRISIS CENTRE

The Fiji Women's Crisis Center (FWCC) is the Feminist organisation which is dedicated to preventing and responding to GBV. FWCC has been in existence for over 36 years now.

INTRODUCTION

Since Fiji confirmed its first case of COVID-19 in March, 2020, the government imposed precautionary measures to combat the pandemic. Some of these measures included lockdowns, a national curfew, closure of schools and gyms and other restrictions on social gatherings. While the government had implored Fijians to stay home to protect themselves and others from COVID-19, for domestic violence survivors, the vast majority of whom a women, girls and children, home was a dangerous place.

This submission will focus on COVID-19 and the increase in domestic Violence

INCREASE IN VAW

FWCC runs two separate 24/7 phone lines, the 24/7 divert counselling line and the toll free 1560 National Domestic Violence(DV) Helpline. FWCC is contracted by the Fiji Government to manage and coordinate the Toll- Free National Domestic Violence Helpline, since March 2017. Most of the calls received were on the toll free DV helpline as it was free. A lot of the calls from the toll free line were referred for further counselling to the FWCC counsellors. Both of the lines had recorded an increase in the number of calls received during the COVID- 19 period. The trend from the data collected from both lines indicated the following:

Coercive control

Women reported that their partners/ husbands were consistently monitoring and checking their phones. Their call logs and social media messages were checked continuously. Women were forced to call the helpline to ask for food and financial assistance. Some men used their children to monitor their wives. The children were sent with their mothers to run errands with them, indirectly using children to monitor their mothers. Their husband/ partner would fabricate stories to other members of the family so to excuse their absence of their wives, many women felt their activity was monitored. FWCC noted that many women were not in a position to talk about their violence over the phone. They were quoted saying "he is coming" or "my husband is coming" and they mostly spoke about the financial difficulties being faced by them as a result of COVID-19.

COVID- 19 pandemic has increased the women's vulnerability hence increasing the number of women survivors accessing the helpline and the FWCC phone lines from March to May 2020.

The controlling of finances by men had increased and man were spending more money on alcohol and kava, they refused to give money to women for food or children's needs, women reported that there was an increase in the consumption of alcohol and kava. Women also reported that their husbands/partners had exhausted their cash, and would demand money from them that they had kept for the family. They would be physically and verbally abused if she refused to give the money he wanted. Other women shared that there was an increase in the use of drugs by their husbands/partners.

Isolation/ Restriction

The calls received during the lockdown indicated that women's movements were restricted. Some men outside of the lockdown area used the COVID-19 lockdown as a way of restricting women's movement. Though their area was not under lockdown, the women were stopped from shopping or any other movement from outside their home. Some women were restricted from having any contact at all with their family and friends. In the lockdown zone, some women were forced to run errands for their husbands while they kept safe at home. Generally, women felt unsafe, controlled and they had lost the already limited freedoms they had while the men were at work or socializing pre- COVID-19.

Increase in Physical Violence

Women had reported that there was an increase and intensification in physical violence. For instance, a woman was beaten up by her husband with a hammer because there was no sugar at home.

Increase in demand for sex

Some women had reported sexual violence whereby marital rape had increased. Women had reported that during the COVID 19 lockdown and restrictions their husbands/ partners forced them to have sex. For instance, a man had demanded sex from his wife who was a nurse because he found out that she would be assigned to a Covid-19 quarantine Centre and would be away from home. Women have said that because of the lockdown, they felt isolated and restricted, they were forced to have sex with their husbands/partners, if they did not oblige then they would get assaulted and be deprived of finance for her and for their children. Some women are emotionally coerced into having sex, whereby their husbands/partners threaten to leave them, an 8 months old pregnant woman was forced by her husband to have sex with him, if she did not agree and if she had reported he would leave her.

Increase in Emotional and verbal abuse

Women also reported emotional and verbal abuse. They were feeling stressed, as perpetrators were at home all the time either due to the lockdown, curfews or due to job losses.

Femicide

In the past 7 years, 34 women were murdered by their husband or partners as a result of Domestic Violence and during the COVID-19 crisis one woman was murdered by her husband. In June two women were severely wounded as a result of domestic violence.

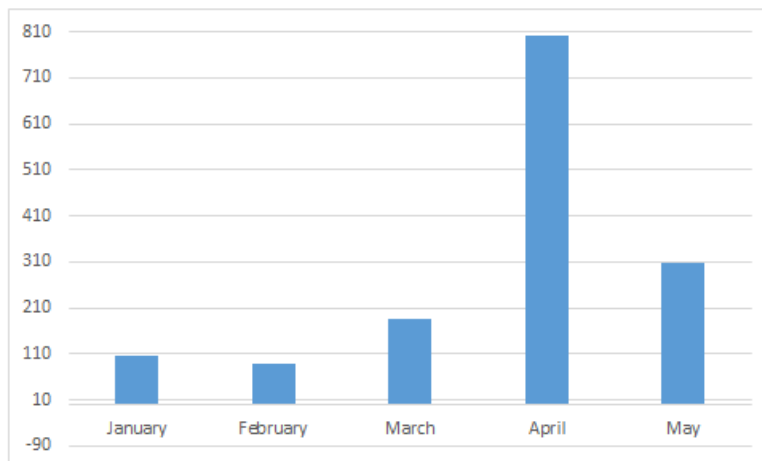
The data collected below are just of the people who managed to call in during the COVID crisis, given the low reporting of DV normally, we don't believe that the data collected shows us the full extent of DV during this time. We will be able to discover more once we begin our community engagement again which will be by the end of July, 2020.

The data below gives an indication of the increase in the number of calls received. The number of calls received in the last week of March spiked, and it continued in April. The callers that accessed the helpline had various issues as a result of the area lockdown in the Western side of Viti Levu-specifically Lautoka. A nationwide curfew followed after, their movement was restricted, unemployment was on the rise as many had been laid off from their work; and financial and food security was a concern for many of the callers.

Total Number Of Calls Jan To May For The National DV Helpline

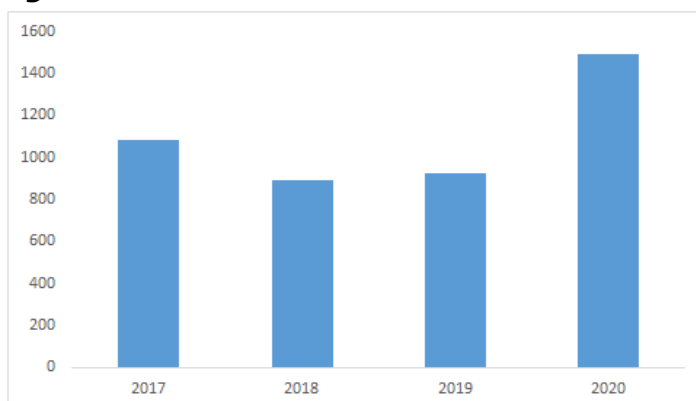
From January 2020 (*see figure 1*), 105 calls were received. In February, 2020 there was a slight decrease of 30 in the total number of calls received. In March, there was a drastic increase as calls doubled. This can be attributed to the 1st COVID-19 announcement that was made on the 19th of March, 2020. In April the number of calls received by the helpline showed a sharp increase of almost 3 times more than March. May recorded a decline of 61% in the total number of calls received for the month.

Figure 1



Total Number Of Call In A Year For The National DV Helpline

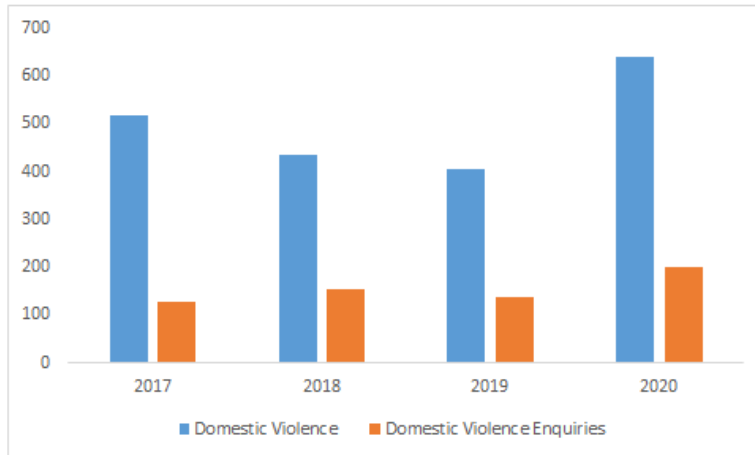
Figure 2



As the years progressed (*see figure 2*), the number of calls gradually increased, remained the same, and recorded a dramatic jump as highlighted in the first 5 months of 2020 which exceeded the first three years since its inception as highlighted in Figure 2 above.

Total Number of Domestic Violence and Domestic Violence Enquiries in a Year

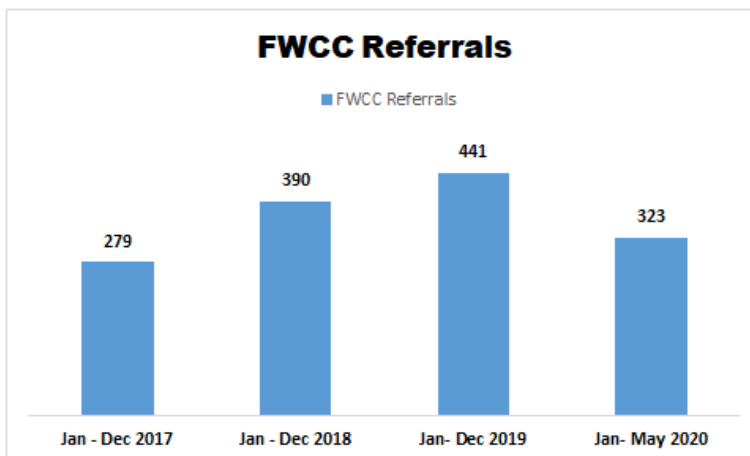
Figure 3



DV Helpline Referrals To FWCC

Figure 4 shows the number of referrals made to the Fiji Women’s Crisis Center counselling service in Suva and at their branches. Many survivors of domestic violence access the helpline because it is a toll-free line, cases are referred to FWCC for ongoing counselling, emotional support, as well as further follow up.

Figure 4



FWCC Counselling

Domestic Violence

Figure 5 shows in details the number of cases for January to May, for 2017 to 2020. It can be noted from the numbers recorded for April and May, 2020 had surpassed the numbers usually recorded for the previous years. January 2020 showed an increase in the number of cases which is mostly attributed to the coming out of the Christmas holidays, which is generally the case for the same time in the previous years. Some of the cases shown in FWCC’s counselling data were referred by the DV helpline.

Figure 5

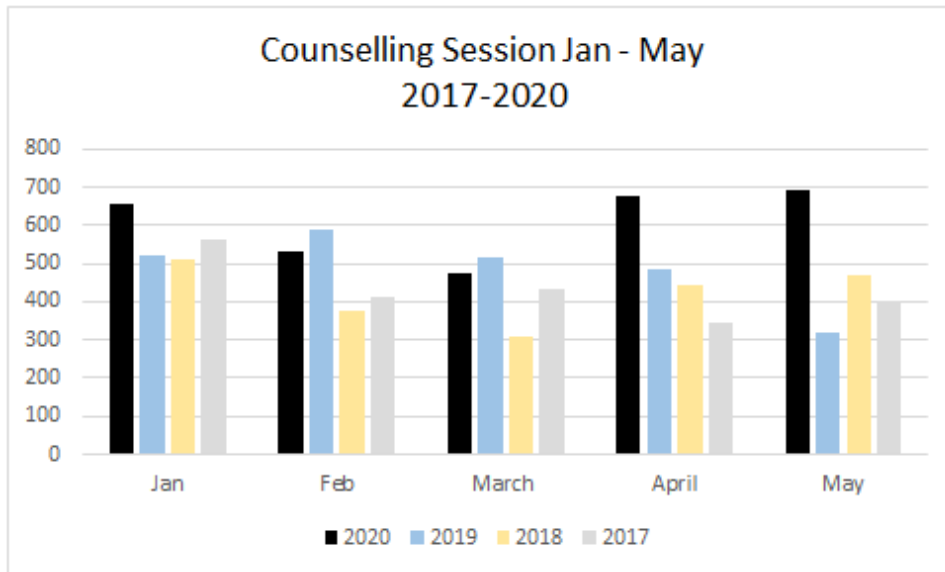


Figure 6 shows an increase in number of phone counselling from Jan to May for 2017 to 2020, a sharp increase was noticed in 2020, these could be attributed to the suspension of face to face counselling in FWCC and its branches, **(Figure 7)** shows a sharp increase in the number of survivors who access the counselling line for counselling and assistance.

Figure 6

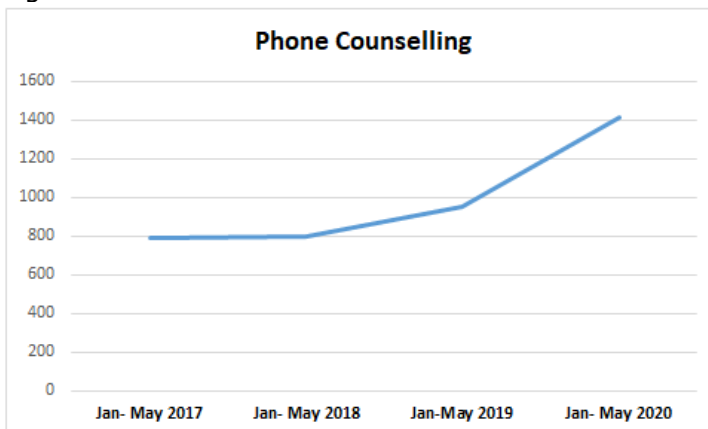
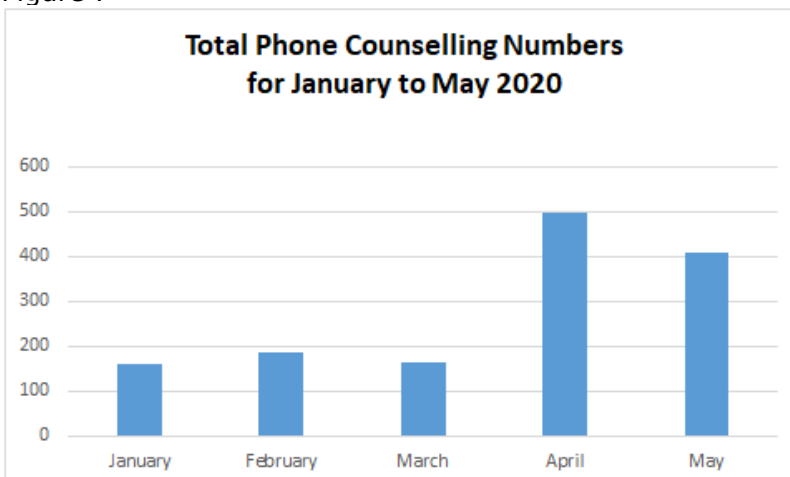


Figure 7



Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?

In Fiji, it was not announced by the government that survivors of Domestic Violence (DV) would be exempted from the COVID-19 restrictive measures if they were facing DV. However, it was confirmed through the COVID-19 Gender Based Violence (GBV) Working Group that women experiencing DV will be exempted from the restrictive measures, especially during curfews.

Furthermore, selected staff from FWCC and other service providers such as Medical Services Pacific (MSP) and Empower Pacific through the COVID-19 Gender Based Violence Working Group were listed as essential workers to allow them to move around during lockdowns and curfews to provide assistance to those who were facing DV.

Medical Services Pacific (MSP)

MSP is an agency that works to ensure Pacific women and adolescents have access to quality and professional health services, particularly reproductive, maternal and child health services including post rape care. MSP also provides counselling services and manages the government toll free 1325 national child help line.

Empower Pacific (Empower)

Empower Pacific offers a variety of programs including counselling which are aimed at improving the health and wellbeing of individuals as well as facilitating opportunities for learning about income generation and personal growth.

Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?

In Fiji, the shelters are open and available however, they can only hold very limited numbers. The Shelters are run by Civil Society Organisations (CSO) and children's shelters mostly by government. The following shelters are available for DV survivors:

- **The Salvation Army Family Care Center**
The Centres are based in Suva, Lautoka and Labasa. They are safe houses for women escaping domestic violence, homelessness and human trafficking.³
- **Homes of Hope**
This organisation provides long-term care for girls, young mothers, and their children. It provides shelter, counselling services and skills training for women and children who are survivors of or are vulnerable to sexual abuse and violence.⁴

FWCC also provides emergency shelter for survivors of DV when the shelters cannot assist or be reached. FWCC has three shelters awaiting endorsement of the national ethical standards by the government. This can be in a trusted hotel that FWCC has used previously or with the survivor's close family or friends who the survivors trust; provided that it is safe. In addition, FWCC also assists in securing long term cheaper accommodation for the survivors when there is a need. During Covid 19 especially in April, when most of the lock downs and stay

³ The Salvation Army, Fiji Family Care Centre, <https://www.salvationarmy.org.nz/help-us/help-overseas/fiji-family-care-centre-sponsorship>

⁴ Homes of Hope <https://www.hopefiji.org/>

orders were given, there was very little calls for shelter from women. In May, calls have started coming in and we have started using the existing ones

Are protection orders available and accessible in the context of the COVID-19 pandemic?

In Fiji, protection orders are known as the Domestic Violence Restraining Orders (DVRO) and the governing legislation is the Domestic Violence Act (DVA) 2009. While DVROs were available during the COVID-19 crisis, it was the accessibility in obtaining these orders that was an issue. Service providers that play a significant part in access to justice were not fulfilling their roles during the COVID- 19 crisis.

Legal Aid Commission (LAC) is one such service provider that provides free legal services to those who cannot afford a lawyer. However, during the COVID Crisis, qualitative data in terms of stories that were collected had shown that the accessibility and response time of LAC was an issue. FWCC through it's Legal department had to step up and provide legal representation and other legal services for DV survivors and juveniles.

Furthermore, under section 25 of the DVA the Fiji Police Force have the power to obtain a DVRO over the phone. Police officers at certain Police stations either did not have the understanding or knowledge of their responsibilities under the law or refused to assist. FWCC had to push and follow up with the Police to assist the survivors. There was an instance where police officers got the perpetrator husband to move back into the home even though the woman survivor had obtained a DVRO against him because they felt she was a bad mother.

What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?

The impacts on women's access to justice in Fiji were not so bad during the COVID crisis as the Courts continued to operate even though operations were limited. In a Practice direction issued on 3 April, 2020, the Acting Chief Justice directed that all Civil, Criminal, Family and Tribunal matters were to be called in May unless they were urgent applications. Also, when adjourning the matters to May, only 5 cases were to be listed per day apart from the urgent applications. Urgent Applications included the DVRO Applications and Child Recovery Cases⁵.

In preparation for the restrictive measures anticipated to be in place for COVID-19 such as Lockdowns, FWCC wrote to the Acting Chief Justice requesting him to provide a list of contacts of the Registry staff around Fiji who could be contacted to assist in urgent applications. The contacts were made available to FWCC by the Acting Chief Justice.

It is important to highlight that during the COVID 19 crisis, applying for maintenance or enforcing a maintenance order was not considered as an urgent application. This meant that maintenance cases were prolonged and women were not getting the financial relief that they greatly needed.

What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.

⁵ Kamal Kumar Acting Chief, "Practice Direction on Court Procedures-Covid 19", (3rd April, 2020).

During the COVID-19 Crisis, the focus of the Ministry of Health and Medical Services was on tackling the virus and establishing and maintaining Fever clinics around Fiji. Existing Health facilities were only focusing on emergencies. For Fijians who had scheduled appointments, they were encouraged to call their Surgical Out Patient Department, baby clinics, reproductive health clinics and other clinics to ask for a later date⁶.

Consistent reports received from women highlighted that their private doctors were not allowed into the hospital to help birth their newborns. These reports also indicate that there were not enough beds at the maternity unit and proper aftercare for new mothers was not given as there was no space to keep them. FWCC has been asked to assist with providing the beds for one of the hospitals.

Also some women with wounds were asked to buy their own dressings and other medications because the hospitals did not have any.

The obstacles faced in preventing and combating DV during the Covid 19 lockdowns were:

- i. Services like FWCC, Empower Pacific and Medical Services Pacific(MSP) had applied to be included in the Essential services but a response was never received. As a result, it was difficult to go out into the Lockdown areas to get the survivor out or provide other support services that they may have needed at the time.
- ii. The dangers of going out and the potential risk of contracting the COVID 19 virus.

While other services continued to venture into the communities and offer face to face services, FWCC was very wary of the protection of its staff and the people that they were responding to. Therefore, FWCC had suspended it's face to face counselling services and community outreach as a precautionary measure in March. FWCC only started doing Face to Face counselling once they received the PPE from UN Women which included sanitizers and face masks.

- iii. THE FIJI POLICE FORCE

During the crisis, women reported that the police response was not immediate, sometimes they failed to respond at all and sometimes their response was misogynistic. For instance, a woman had said that she had called the police to report DV but the police did not turn up and when FWCC had followed up, the police officer became aggressive and said that the woman was an adulteress and it was her fault. Women also reported that the police were not responsive enough when they were attending to emergencies such as taking the survivor to get medical assistance or removing the perpetrator from the home. All of this is a work in progress and FWCC continues conversations with the Police through the COVID-19 GBV working group.

⁶ Frequently asked questions- Covid 19, Medical Information, The Ministry of Health and Medical Services, <http://www.health.gov.fj/>

iv. LEGAL AID COMMISSION (LAC)

The accessibility and response time of LAC was an issue when women and children were trying to access their services. There was an instance where FWCC had to provide legal representation for a juvenile because the parents had said that the LAC office was closed and they could not contact them. Also LAC application approvals were taking 2 weeks and some women had reported that this was a long wait especially if they needed to file urgent applications such as a child recovery and DVROs.

- v. During the COVID Crisis the budget for the National Domestic Violence helpline was slashed from \$200,000 to \$50,000. At a time when government was supposed to provide their full support, they were taking money away from the toll free DV response helpline.

Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.

i. THE GENDER BASED VIOLENCE WORKING GROUP

The immediate formation of the COVID-19 GBV Working Group after lobbying by FWCC and prompt action from the Minister of Women which resulted government agencies, NGOs, feminist groups and service providers with UN Women who were all part of the group developed:

- Rapid response and prevention strategies;
- A referral pathway;
- Effective data collection,
- Online Training for First Responders like at the Fever clinic and other service providers, and
- Necessitated accountability from all, including the Police on responding to women.

ii. COVID-19 RESPONSE GENDER WORKING GROUP

The working group comprises of: Diverse Voices and Action (DIVA) for Equality Fiji, Fiji Women's Rights Movement (FWRM), UN Women Fiji Multi-Country Office (MCO), the Asian Development Bank and the Ministry of Women, Children and Poverty Alleviation (MWCPA) It was formed to undertake a rapid /internal gender analysis on the impact of COVID-19 on all Fijian women and girls⁷. This group has developed and released a paper on the Gendered Impacts of COVID-19 on Women in Fiji.⁸

iii. Minister for Women, Children and Poverty Alleviation

The Minister has been key in promoting women's human rights, eliminating violence against women and her willingness to

⁷ The Minister for Women, Children and Poverty Alleviation (2020) "GENDERED RESPONSE TO COVID 19" [Press Release] 3rd of May, 2020.

⁸ Covid-19 Response Working Group(2020) "Gendered Impacts Of Covid-19 On Women In Fiji" http://www.fwrn.org.fj/images/Gender_and_COVID_Guidance_Note_-_Rapid_Gender_Analysis.pdf?fbclid=IwAR0LgWkXUViuPrI3Q4ux3IggSS7ws-noGDxkdNcjA6W1JdZkDx0gkhf0ju4

collaborate with Civil Society organisation in responding to and preventing GBV. She continues to advocate for EAW and has also advocated with the Prime Minister of Fiji regarding the same. The Prime Minister on the 29th of March, 2020 issued a statement recognising that there may be an increase in Domestic Violence during the lockdowns and curfews. The Minister commissioned a paper on the "GENDERED RESPONSE TO COVID 19".

iv. The Fiji police is now having regular meetings with service providers

In response to the advocacy by NGOs and the GBV working group, the Fiji police force now have regular meetings with service providers. The senior members of the Fiji police force are present at these meetings to listen to the complaints. FWCC has advocated for more of a systemic change instead of a cases by case change.

Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.

i. THE USE OF MEDIA

NGO's actively increased the awareness of gender based violence by increasing the media coverage on the issue in its mainstream media. FWCC was the first organisation to predict that the restrictive measures would contribute to the increase in DV and used the media to forewarn Fiji of it happening here. There was also an increase in advertisement of the helpline numbers.

Apart from mainstream media the NGO's made use of their Social Media platforms to create awareness and share information. For NGOs, CSO, government and other development agencies like the UN were quick to use new technology like zoom to connect and develop strategies to respond to the crisis and its impact, one of the major impact being GBV. This is one of the reasons we responded so swiftly and effectively to the crisis. The work on the National action prevention plan for GBV was launched in January, 2020, stalled only during April but resumed the following months.

- ii. Donor agencies like DFAT, MFAT, EU and UN agencies were quick to provide urgently needed support as part of the Covid response so staff welfare of the various agencies were well looked after. They could provide these essential services without the stress of losing their jobs. Provision of technical support by UN Women was also essential to work on GBV.

iii. PROVIDING 24-HOUR PHONE COUNSELLING SERVICES

FWCC and MSP continued and continues to provide 24-hour phone counselling services during the COVID-19 crisis. Empower Pacific launched their 24-hour phone counselling line on the 2nd of April, 2020 to address people's stress and anxieties that they were experiencing during the crisis. The calls that were received on this phone line regarding violence against women were referred to the respective government helplines such as the toll free National domestic helpline.

iv. FIJI CSO ALLIANCE FOR COVID-19 HUMANITARIAN RESPONSE

Apart from COVID-19, Fiji was faced with the additional crisis caused by Tropical Cyclone Harold, there was an urgent mobilisation to support frontline responders and address the needs of those marginalised and vulnerable groups.

Eight NGOs and CSOs including Feminist groups from across different areas in Fiji came together to form the Fiji COVID-19 Humanitarian Rights Response Alliance. This includes the Foundation for Rural Integrated Enterprises & Development (FRIEND) Fiji, Citizen's Constitutional Forum (CCF), Diverse Voices and Action (DIVA) for Equality Fiji, femLINK Pacific, Fiji Women's Crisis Centre (FWCC), Fiji Women's Rights Movement (FWRM), Social Empowerment and Education Programme (SEEP) and the Rainbow Pride Foundation.

The aim of this Alliance is to build on existing partnerships and allies to coordinate COVID-19 response efforts, information and analysis and provide support to each other in whatever way we can. The Alliance promotes and ensures an inclusive and human rights-based approach response to COVID-19. They also advocate for accountability.

v. NON-GOVERNMENT ORGANISATION COALITION ON HUMAN RIGHTS (NGOCHR)⁹

The Coalition advocates for accountability, identifies and condemns human rights abusers and works closely with the relevant organisations and strategic partners to address such abuses.

⁹ The NGOCHR was formed on 10 December 1998. The NGOCHR is a co-ordinating network for non-government organisations engaged in different aspects of human rights education, advocacy and project work. Its aim is to raise awareness in the community of human rights, and the various human rights instruments and documents, and to explain human rights in a way that is relevant to people's daily lives.

The NGOCHR also deals with other issues such as violence against women, women's employment rights, the rights of children, HIV/AIDS, environmental issues, disability, trade union rights, colonisation issues, and political rights. Members of the Coalition also provide support for individual programmes and activities of the NGOCHR and its members as well as sharing skills, networks and resources.

The members of the NGOCHR include the Fiji Women's Crisis Centre (FWCC), Fiji Women's Rights Movement, Citizens Constitutional Forum (CCF), FemLink Pacific, Social Empowerment and Education Program (SEEP) and Diverse Voices and Action for Equality Fiji (DIVA). Pacific Network on Globalization (PANG) and Haus of Khameleon (HoK) are observers.