**COVID-19 and the increase of domestic violence against women**

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**CONTACT: benjamin@choiceforyouth.org**

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***Preface:***

This report sets out to contribute specific youth contributions to the discussion on domestic violence against women, as youth are often minimally discussed in traditional UN spaces. There is more to be done to recognize age as an intersecting form of discrimination throughout the UN Special Procedures mechanism. In 2019, only 43% of Special Procedures reports addressing youth in more than one sentence in. Youth face unique challenges that are often overlooked or not adequately addressed in UN processes. Therefore, the objective of this report is to submit information pertaining to your call specifically from a youth perspective.

The Special Rapporteur on Violence against Women’s HRC report from 2019 made multiple references to youth. However, unfortunately her UNGA report did so only in one sentence. Therefore, we hope this report will provide the Rapporteur with all the necessary information to ensure that youth are not left behind – including in her report.

***About CHOICE:***

CHOICE for Youth and Sexuality is a professional youth-led and youth-serving organization based in the Netherlands. For over 20 years, CHOICE has been working with and for young people to fulfil their Sexual and Reproductive Health and Rights (SRHR) and rightsto meaningfully participate in decision-making about issues that concern their lives. Through various programs, CHOICE works with young people across several countries in Africa, Asia, Latin America and the Caribbean sub-region. Engaging with both New York and Geneva-based processes, CHOICE is an advocacy expert on meaningful youth participation, particularly in the context of SRHR for young people in practice and in policy.

# Global Situation of Domestic Violence Pre-COVID-19

1. Before the introduction of COVID-19, it was estimated that one third of women worldwide had experienced some form of violence during their lives [1] and that these numbers were likely higher in reality due to underreporting. Even with underreporting, Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ) youth have been documented as experiencing higher rates of physical, psychological, and sexual abuse than their cis-straight peers while intimate partner violence has also been recorded at a higher prevalence among youth and young adults in the LGBTQ community [2]

# 1.1 Data Gaps

1. COVID-19 has shown the pre-existing lack of data and weak reporting systems for domestic violence. While reported numbers give an overview of the burden of DV, its indications are only able to speak to countries where reporting systems are in place to begin with while it has additionally been reported that less than 40% of women who experience violence have yet to seek help, leading to continuous underreporting [1]. Within many countries, the pandemic has highlighted the lack of a unified database for domestic violence cases along with the absence of coordination between civil society organizations, governmental bodies and security forces [3]. Even within the EU system, member states collect data in different ways, leading to loss of details for more accurate comparison [4].
2. Stigmatization, discrimination and especially criminalization again LGBTQ persons, understood to be at a higher risk for violence globally [5], has made it particularly difficult to properly document or understand the full extent of their experiences of violence generally as well as the specific impacts through the current pandemic [5, 6]. Furthermore, many countries, like Australia, do not collect any sexuality or gender-diverse data through their census, pointing to a continuous lack of accuracy regarding known data within LGBTQ populations [7]. Abuse against youth in the home is a specifically invisible issue that is often noticed first by trusted professionals in schools or other social services, however as these locations lock-down and youth are confined at home, there is abuse occurring without the usual chances of being noticed let alone reported [8].

# Current Data on Increases of Violence

# Much of the discussion around increases of violence during COVID-19 come from anticipations based on past crises and anecdotes available through journalist sources able to secure confidential conversations during current isolations [9].

## 2.1 Trends of DV from past crises and pandemics

1. In times of crises globally, including humanitarian, natural disasters and pandemics, an increase in violence against women and girls has been consistently documented [10]. The Ebola crisis proved that health regulations during epidemics can leave women and girls extremely vulnerable. Quarantines, such as happened during Ebola and SARS, increase tensions and abuse within the household, and distance women from support resources [11]. Guinea saw a 4.5% increase in gender-based violence during the Ebola outbreak, in addition to an upsurge in rape cases [12]. Adolescent girls in particular have reported being exploited by extended family members or members of their communities when their own trusted caregivers would become ill or die during past pandemics [13]. Past studies of “diseases outbreaks and other humanitarian crises have shown that without targeted intervention, COVID-19 will heighten pre-existing risks of GVB against girls” [ibid].

## 2.2 Variety of methods compiled to measure violence during COVID-19

1. For countries who enforce lockdown measures for isolation, it is estimated that intimate partner violence will increase by one-third [14]. Several countries within the EU have noted spikes in domestic violence reports [4] while agencies in the US have already reported “twice the level of [LGBTQ] young people reaching out” to a variety of help services during this period for support with violence and mental health during COVID-19 [2]. Overall, an increased number of people during this pandemic have concerns regarding lack of confidential spaces available to them as physical movement and in-person services are switched to web or phone-based within the confines of their homes [15].

### 2.2.1 Helplines and text messages

1. Calls particularly dipped or stayed the same the first 2 weeks after lockdowns, followed by dramatic increases in calls and other forms of help outreach [8, 16]. Calls are often already monitored by abusers [16, 17, 18] and traditionally, victims of violence wait until they are alone to utilize helplines, ideally until they are physically separated from their abuser such as when they go to work [10, 19]. With isolation measures of the pandemic, victims are unable to gain safe space for such calls. Almost 2,000 hotline callers within the US reported abusers leveraging the pandemic situation to “further isolate, coerce, or increase fear in the relationship” [20].
2. The National Domestic abuse helpline in the UK reported up to a 30% increase in both calls and online help requests in early April, and by the end of April average weekly calls had increased overall by 66% [21]. The UK’s specific LGBTQ Foundation’s helpline saw a 260% increase in calls for asylum and refuge within a 3 week period [15]. In Lebanon, one hotline had seen a 110% rise in calls [22] while general estimates believe the number of calls have doubled throughout Lebanon compared to the same month last year [1]. Calls to helplines in Chile rose by 70% in the first weekend of lock-down while hotlines specific for migrant women in Venezuela noted explosive growth [23]. Calls to helplines have doubled in Malaysia and tripled in China compared to the same time period in 2019 [1]. Furthermore, one hotline in Singapore reported a 33% increase in family violence in February compared to the same month last year [11].
3. As calling becomes inaccessible during isolation, there have been reported increases in text messaging to helpline numbers. Text messaging to hotlines across the US have risen sharply, indicating that during isolation with an abuser this may be a safer method than calling [8]. Texts specifically to the Childhelp National Abuse hotline in the US increased by 17% in April compared to last year [ibid].
4. Calls have also increased to LGBTQ-specific helplines, as isolation forces many to hide their SOGIE from their lock-down environment. The Israel Gay Youth organization reported a 27% increase in calls regarding violence, abuse, and humiliation by family members [24]. For young members of the LGBTQ community, quarantining with family can lead to forced outing, conversion therapy, or sexual violence. However, due to COVID-19 regulations, many helplines are only able to offer distant support, and remain incapable of assuring the safety of LGBTQ youth [ibid].

### 2.2.2 Web searches and chat rooms

1. Many organizations have begun anticipating a switch to prioritizing their 24/7 text and online chat services [19, 25]. The UK has collected data on increased web searches for domestic violence assistance [9]. Visits to the National Abuse Helpline for England and Wales website, where victims can request a specific time to be contacted for their safety, has jumped by 950% compared to before the pandemic [21]. Australia has reported the highest volume of searches regarding domestic violence within the past 5 years [1].
2. Digital campaigns such as the #AntiDomesticViolenceDuringEpidemic have also been trending on Chinese social media [16, 17] and point to a new mode for tracking increases and scope that may not have been available or utilized through past pandemics, especially for digitally savvy youth. Such hashtag campaigns not only increase societal awareness and discussion of the issue of domestic violence under this pandemic but also work to quickly link victims with online resources [16].

### 2.2.3 Inaccessibility of conventional helplines

1. Victims often spend a long period of time to carefully plan their escape from an abusive situation with help of support services, advocates and supportive friends or families, which is no longer possible with the constant presence of an abuser in home and the switch to digital services during confinement [10, 18]. However, it is noted that leaving during this pandemic poses an extremely high risk and that callers to hotlines in the US are calling specifically with help for strategies to survive through the lockdown period and to make plans for when restrictions may be lifted [8].
2. Members of the LGBTQ community often experience discrimination and homophobia/transphobia from conventional helplines, and must rely on helplines specifically geared towards the LGBTQ community [26]. These are few in number to begin with and lower resourced with less capacity during the COVID-19 pandemic. As there is less awareness concerning the violence experienced by LGBTQ people during the COVID-19 pandemic, states and private funds have cut resources to LGBTQ organizations, leaving LGBTQ victims of domestic violence with little to no support [24].
3. For youth specifically, there may be increased limits on digital devices by family as well as limits on Wi-Fi or data which decreases their chances of accessing resources or support persons [27].
4. Digital tools and services are not equitably available to all victims, leading to lower access to domestic violence support as well as verified information about the virus [13, 21]. Previously existing gender disparities leading to a digital divide in which women and girls globally have less or no access to digital tools, data or internet continues to exclude them as more and more services switch to a digital format [16]. Women are less likely to own a phone than men, adolescent girls are less likely to own a phone than adult women, and there is still an estimated “443 million unconnected adult women in the world” [13]. This is especially troubling for those who already face multiple intersecting forms of discrimination [16], such as LBTQ girls. This issue is not only the burden of lower-middle income countries. Just one organization in England reported that “25% of the women we support don’t even have a phone, let alone a smartphone” [21]. Furthermore, language barriers concerning what translation options are available through the digitization of services can exclude many women [ibid]. In some countries, such as Columbia, there is a noted lack of basic infrastructure needed for police or emergency reporting systems to function at all, such as a lack of internet [23]. This is especially concerning as Bogota, Columbia, saw a 225% increase of domestic violence reports [23, 28].

### 2.2.4 Police reports, emergency calls, and requests for shelter

1. Emergency calls increased 25% in Argentina, reports of domestic violence increased 30% in France with noted general increases in cases of domestic violence and requests for shelter in Germany, Spain, UK, US and Canada [16]. The emergency number for domestic violence in Spain reported an 18% increase in calls within the first 2 weeks of lockdown while French police reported a national 30% increase in domestic violence [29]. Across the US, 18 out of 22 law enforcement agencies surveyed reported a rise in domestic violence calls in March alone [20]. In the Gaza strip , a 30% increase in violence against women and 36% increase of violence against children has been documented [22]. In China, certain cities have reported a doubling of domestic violence reports since lockdown [30]. Domestic complaints to police, including severe assault, have risen in Northern Canada by 22% [28]. Calls to Canadian police regarding domestic violence may have increased by up to 62% compared to the same time period in 2019 [ibid].
2. Requests for shelter were noted to have risen especially for LGBTQ youth, who are particularly vulnerable to homelessness. Akt, an organization supporting LGBTQ young people in the UK who are facing or experiencing homelessness, reported a high volume of shelter requests since the start of the COVID-19 pandemic, as lockdowns led to increasingly volatile living situations for LGBTQ people [31]. Akt expects that post-lockdown, abusive parents and families will tell their LGBTQ children to leave, worsening the issue of young LGBTQ homelessness.

### 2.2.5 Reports of femicide

1. Femicide can be the fatal consequence of long-term abuse, with increased isolation with an abuser as a risk factor. During personal crises, especially with experiences of unemployment and financial stress, abusers are more likely to murder their partners [29]. In Argentina, 65% of femicides are committed by a partner or ex-partner and 62% of femicides occur in the victims home [28]. In Mexico, between March and April of this year, at least 144 femicides were committed with an additional 1,014 women killed within this time period not recorded specifically as femicide [32]. At least 86 femicides have been reported so far in Argentina, with estimates that one woman was killed every 29 hours, adding up to a total of 24 femicides in March alone [28].

### 2.2.6 Increased observation by doctors and social workers

1. Social workers in Singapore noted a 30% increase of referrals relating to family violence, now constituting 60% of their daily referrals, with the sudden escalation seen as related to stay-at-home orders [11]. Doctors in the US are observing an increase in injuries likely indicating abuse, particularly among youth and children, and are recalling past experiences of rises in serious physical abuse during the last Great Recession and its effects on stress, unemployment, food insecurity, and illness [8, 28]. One doctor in Texas observed seven children being abused to the point of necessitating hospitalization, with two dying from their injuries, over the course of only five days after lockdown measures were put in place [28].

# Facilitators of Violence

## 3.1 Known General Facilitators of Domestic Violence

1. Domestic violence, is also discussed in white and grey literature through domestic abuse, family violence, intimate partner violence, and intimate terrorism. These instances of violence go beyond physical violence to also include, but not to be limited to, the following tools of abuse: “isolation from friends, family and employment; constant surveillance; strict, detailed rules for behavior; and restrictions on access to such basic necessities as food, clothing and sanitary facilities” [29]. Violence can further worsen due to financial stress through economic hardship and rising unemployment [11, 13, 18, 20, 33], stress generated from health concerns [9, 18], or other risk factors such as ending a relationship, being disabled and/or dependent on a caretaker, as well as becoming or being pregnant [9].
2. Traditionally, domestic violence can be seen as conservative manifestations of male dominance and patriarchal power hierarchies within a family or partner dynamic [22]. Such socio-cultural norms may also hinder women in leaving their abusers as their own families may side with the male abusers and justify the violence done unto them [32].

## 3.2 COVID-19 specific manifestations

1. Abusers are leveraging the isolation context to exert power and control over more aspects of victims day to day lives and further socially isolating them from supportive friends, family or partners [20, 29, 32]. Estimates in China report that of all causes of violence during lockdown, 90% are directly related to the pandemic [9, 30].
2. During this pandemic, all general facilitators of abuse and violence are seen to be exacerbated and compounded, such as alcohol abuse which increases during isolation, economic hardship, and an increase in the owning of weapons and firearms during emergencies [10, 14]. An abuser’s loss of income through increases in unemployment or inability to go to work during the pandemic increase chances of violence for victims, however the loss of a victim’s income may also result in their increased dependency on an abuser to provide basic needs such as shelter, food and healthcare [10]. As more victims lose their jobs and the world moves into a recession, the chances for victims to have financial independence and an eventual break with their abuser becomes more difficult [11]. Confinement with an abuser can lead to the escalation in frequency and severity of abuses while lock-down measures negate general survival strategies such as leaving one’s home in order to either de-escalate potential violence or to escape completely. [10, 11, 18, 33, 34]. Due to lock-down measures, survivors are unable to meet each other for support in informal contexts such as while grocery shopping, out to eat, or at playgrounds [10].
3. Abusers may now threaten to expose victims to the virus by kicking them out of the home or deny them access to healthcare through financial restrictions [10]. Abusers may contrastingly provoke victims or instill fear in them by actively disregarding health measures such as not washing hands when returning back to the home [32]. Abusers may also withhold safety items such as sanitizer or share disinformation regarding the virus to incite fear [25]. Additionally, with the closures of schools and of restaurants, abusers can also exert control by withholding food from victims [30].

## 3.3 Groups with increased risk

### 3.3.1 LGBTQ Youth

1. Besides LGBTQ persons generally having an increased risk of exposure to the virus and to resultant economic disparities [35], both of these group populations are seen to have increased risk of violence both pre-COVID-19 as well as during lock-downs. LGBTQ youth likely face even higher risks through compounded effects living through these identity intersections. For example, LGBTQ youth are more likely to experience unstable housing and to rely on basic resources and support provided through schooling systems or welfare agencies no longer available during the pandemic [ibid]. LGBTQ youth often have left home as a survival technique and now risk both an increase in homelessness during a time of low social support services or reintegrating with harmful family members [2]. Additionally, prolonged exposure to unaccepting families has been found to exacerbate rates of physical and emotional abuse alongside more general harms to the mental health of LGBTQ youth [6].

### 3.3.2 LGBTQ

1. Members of the LGBTQ community have been cut off from friends and community members who constitute a ‘chosen family’, and are forced to isolate with unaccepting biological families whom they now may be required to spend an indefinite period of time with [2, 35]. LGBTQ individuals forced to isolate with families have increased fear of being abused if their SOGIE is discovered or disclosed [15, 22]. Those with weak familial ties due to homophobia/transphobia have decreased chances for outreach and support when attempting to leave an abusive partner. Additionally, abusers in LGBTQ relationships can leverage fears of outing the victim to their families or use the victim’s SOGIE as a justification of abuse in order to reinforce power and control over them [34]. Currently the LGBTQ community in Morocco has reported increases of digitalized violence after an online social media campaign to out their identities left many fearing for their lives [23].
2. In a study by Outright Action International, interviewees reported an increased risk of violence and abuse within the home as they are forced to isolate with homophobic families or abusive partners [36] This has a greater impact on LGBTQ young people who were forced to return to their biological families due to closure of schools and colleges [43]. Forced cohabitation with unsupportive family increases the risk of conversion therapy through psychological and physical abuse. Members of the LGBTQ community reported that their families have isolated them from same-sex partners and kept them away from gender affirming treatments [36]. LGBTQ people who were assigned female at birth are specifically more vulnerable to ‘corrective rape’ perpetrated by family members under lockdown.
3. For members of the trans community, the need to hide their gender identity during lockdown can be devastating and lead to extreme gender dysphoria [36, 44]. Abusive family members purposefully misgender and deadname trans people, a form of psychological violence that can lead to dysphoria, depression and anxiety. People on the trans spectrum reported that family members forced them to wear clothes and cut their hair according to the sex assigned to them at birth. According to a testimony by a transgender woman, her mother insisted she wear male clothing and cut her hair short while in lockdown, or her mother will put her out during curfew, which would mean that she would face jail and greater risks [36].

### 3.3.3 Youth

1. Young people are seen to be especially at risk of abuse during times of crises, and specifically the current isolation, due to their lack of autonomy within a family dynamic [8]. Adolescent girls are found to be particularly vulnerable to intimate partner violence, sexual exploitation and other types of gender-based violence during times of intense economic hardships [13]. They are also at a high risk of being exploited by others if their trusted caregivers fall ill or die during the pandemic [ibid]. If youth experience abuse from family members, they may be cut off from supportive networks or partners they had cultivated explicitly outside of the home [7, 27]. Additionally, youth may be pressured by abusive partners to go against lock-down regulations to meet them outside of their homes thereby increasing their risk of infection and of infecting their household [27].
2. Children are often both victims of violence themselves as well as witnesses of family violence. Due to school closing, children are more susceptible to being around family violence, and annually in the US, 90% of children exposed to violence in the home are eyewitnesses to it [17]. Under the current restriction more kids will be exposed to domestic violence and its emotional and “residual violence” [8].
3. Across the Inter-Americas, a drop in reported cases of child abuse during the pandemic is seen to be correlated to a loss of access to other trusted adults [28]. Through the shut downs of schools, after school programs, and other club activities, trusted professionals such as employers, coaches, schooling professionals, and other social support and community service providers have less of an opportunity to check in with youth or to visibly track signs of abuse [1, 2, 8, 10, 19, 27, 28].
4. There may additionally be a lack of resources at home due to financial pressures leading to instances of food shortages and increased familial stress due to having youth back in the home [27]. Many youth rely on schools and other community or social organizations to provide them with basic needs such as daily meals [28].

# 4. Situation of shelters/safer housing

1. Many shelters globally report having already been regularly at capacity or reaching capacity, exacerbated by the need to leave spaces vacant under COVID-19 measures [1, 8, 16, 19, 21, 25]. In the UK, 38 of 45 service providers surveyed reported reducing or suspending services to aid women as of April 6th, including shelter provision [21]. Shelters that are unable to take the mandated and necessary precautions may need to close down for an indefinite time period [11], which has happened in many shelters across the Americas [28]. An existing shortage of domestic abuse shelters has become even more strained as some shelters have been mandated to be repurposed as health centers to deal with COVID-19 health complications [1, 16] or as general homeless shelters [37].
2. Shelters are regularly understaffed, under resourced and therefore very reliant on external fundraisers. However, due to COVID-19, many shelters and supportive NGOs have had to cancel annual fundraisers they normally depend on [20]. Pre-COVID-19, shelters often used their funds to pay for hotel rooms for victims to compensate for lack of capacity; an option not possible under organizational financial stress [ibid].
3. Certain governments in England [15], France and the Caribbean [16], Italy and Spain [29], and states within the USA such as New York [8, 19] have made or discussed strategies to partner with hotels or Airbnbs to house victims during the pandemic, but only after assessing increases in emergency calls and reports. In places where shelters are proclaimed as ‘essential services’, such as in New York City [17], New Zealand [18], and Canada [16] they are still fully operational through lockdown.
4. Even when space is available, victims may perceive living in a group setting during a pandemic too big of a risk to expose themselves to the virus and therefore feel forced to prolong a stay at home with their abusers [19, 25]. Furthermore, some shelters in Mexico are available for just over two weeks, leaving victims with uncertainty for where to go afterwards, especially if lock-down measures are still in effect [32].

## 4.1 LGBTQ specific concerns

1. Those in the LGBTQ community do not see themselves reflected in the outreach of shelters as women’s’ shelters generally only serve and target their messaging towards ci-hetero women abused by cis-hetero men [33]. The national strategy in the UK regarding efforts to house victims of abuse in hotels focuses their outreach and writing only on cis-straight women and their children, omitting many within the LGBTQ community [15].
2. While conventional shelters do not have adequate knowledge of servicing those within LGBTQ communities, many LGBTQ services were forced to shut down or decrease their capacity due to COVID-19. For example, a safe house for LGBTQ persons seeking asylum in Bavaria, Germany has had to stop all attempts to provide housing due to the lockdown, leaving these persons with few safe housing options in their area [23]. Many LGBTQ persons, especially LGBTQ youth, typically rely outside their biological families on friends and members of their communities for emotional support as well as physical support through temporary housing, which is not possible under COVID-19 restrictions [31]. Thus, LGBTQ victims of domestic violence do not have access to support and resources inclusive to their SOGIE. Trans persons face specific obstacles in accessing shelters that do not discriminate or invalidate their gender identity. They are at risk of being misgendered by shelters or being turned away due to specific regulations for some shelters to have ‘no man zones’ [14].

# 5. Governmental Responses

## 5.1 Positive Impact

1. Bahrain has not reported any significant increases in violence against women which may be due to not enforcing strict lock-down measures but instead focused on reducing movement of work and mandating that only the most vulnerable to COVID-19 work from home [3]. Furthermore, the government of Bahrain has increased attention and the mobilization of ‘family departments’ within police to assist the documentation and follow-up of domestic violence cases [ibid]
2. Usually, as victims attempt to escape their abusers, they often must leave behind their home and their personal belongings. However, in England it is possible to obtain an order through court proceedings that allows victims to remain in their homes or apartments (even if only rented through an abuser) while forbidding the abuser from attempting to enter the property for up to 6 months and in certain cases, order the abuser to continue payments during this period as well [38]. In Italy, prosecutors have also ruled that abusers must leave the home instead of survivors in instances of a domestic violence ruling [16].
3. The Canadian government not only deemed domestic violence shelters as essential services to remain open during lockdown, they also introduced a $50 million aid package to support shelters [16]. The UK, France and Australia are also noted as allocating extra funding to organizations providing services to support women victims of violence [ibid], with the UK directing 28 million pounds for domestic violence services [21]. The UK’s home secretary launched the #YouAreNotAlone digital campaign to raise public awareness and to encourage victims to report and seek support, however it was notably only launched in English [ibid]. Such government-led actions to raise awareness have also seen impacts in Spain where about 25% of calls to the national domestic violence hotline came from friends and families of victims [4].
4. Besides drawing attention to the need for health professionals to be trained for signs of violence, some states in the EU have begun to train pharmacists, postal workers, and food delivery persons as well [4, 16]. For example, in the Canary Islands, Spain, pharmacists can be alerted about a domestic violence situation and the desire for police support when women use the code word ‘Mask-19’ [16].

## 5.2 Negative Impact

1. Imposing lockdown orders without having proactively created care support and shelter systems to respond to the increased risk and reality of domestic violence put many victims at greater risk on a global scale [23, 29], while increased support for victims came only after about two weeks into global lockdowns after public outcry at the data of increased violence [29]. Unclear or frequently changing information given through slow governmental responses make it more difficult for survivors to know what to believe, especially when being fed misinformation by their abuser [19, 25].
2. Of note, the president of Mexico invalidated statistical data gathered during the pandemic regarding the rise of domestic violence, instead asserting on national television that 90% of emergency calls of women regarding violence are “fake” and that there had been no increases in violence against women at all [32]. His government further cut funding to shelters specifically for indigenous women in April [ibid].

## 5.3 LGBTQ Discrimination

1. LGBTQ persons are discriminated through a structural lack of governmental support as well as by active discrimination through governmental services. Globally, LGBTQ persons continue to fight for basic rights and protections while identifying as LGBTQ is still considered a crime and punishable. 70 UN member states still criminalize same-sex relations between two consenting adults while in 26 countries of those countries, the penalty varies from 10 years in prison to life [39].
2. Domestic violence services and organizations that focus on the specific needs and nuances of the LGBTQ community are in low quantity in the US and most conventional and nation-wide service providers are not adequately trained to support non-heterosexual clients [33].

## LGBTQ persons in Canada report being significantly more impacted by firings and reduced hours than the national average [5], while of those surveyed in Australia, 14% reported losing employment due to COVID-19 [7]. Trans persons are disproportionately affected by the economic consequences of COVID-19, especially sex workers who are unable to get governmental economic aid [36].

1. Some countries have used this crisis to propose legislation to deny transgender and gender non-confirming persons legal recognition [6]. During the COVID-19 crisis, there has been an increase in homophobic discourse in several countries worldwide. The LGBTQ community has become a scapegoat of blame for the virus by prominent political and religious figures [23, 40]. Increases in state surveillance and monitoring through digital technologies to trace COVID-19 may increase the risk of stigma and fear for LGBTQ people who already feel persecuted in their societies [16]. Furthermore, some countries, such as Panama and Peru, introduced movement restrictions by gender to limit the spread of coronavirus [41]. These regulations put trans and non-binary people at risk of violence and transphobia from the police and public [40].

# 6. (In)Access to Healthcare

1. As previously mentioned, victims of abuse may be barred from accessing health care services with threats of increased violence as well as financial restrictions by their abusers. For example, abusers may withhold insurance paperwork or threaten to cancel a victim’s insurance coverage [25]. Victims in need of medical care may fear the virus and the implications of bringing it into the home, such as increased violence or being kicked out of the home, more than their current injuries [19].
2. Health providers in England have already seen an increased lack of access specifically for migrant and ethnic minority women [21] while undocumented women in the US are additionally unable to access health insurance or financial benefits that would be needed to secure care during this time [10]. Globally, more people are deferring medical appointments or avoiding healthcare facilities during the pandemic or switching to phone consultations, however visible signs of abuse are therefore no longer available to detection [1, 9]. Even so, pre-pandemic there was already a globally understood gap in knowledge and awareness of health professionals regarding domestic violence which continues as a barrier of care and support for victims [9].
3. Victims of domestic violence typically suffer mental distress through the various manifestations of violence they endure, however as many mental health professionals now must switch to telemedicine victims may lose access to these services due to confinement measures as well as fears over confidentiality and data protection concerns [14]. Additionally, survivors who have suffered from past abuse have also lost access to individual or group therapy sessions, risking a loss of progress and support which exposes them to increases in maladaptive coping behaviors, traumatization and increased anxiety and depression [19].
4. Globally, adolescent girls are often expected to assist in not only household duties but also of caretaking of family members who fall ill--both increasing their risk of contracting the virus while also deprioritizing and decreasing time they may have to access health care for themselves [13]. Girls are also facing supply shortages and inabilities to access needed menstrual care and sexual health products, likely leading to increased risks of adolescent pregnancy and its related health complications worldwide [ibid]. Furthermore girls who are survivors of rape may during lockdown be unable to access both mental and clinical support services which are either shut down or too far to travel under restrictions [ibid].
5. Positively, in Brazil over 700 volunteers created a “network of justice” through utilizing WhatsApp messaging to provide victims with medical, legal, and psychological assistance [23] while some doctors and mental health providers in Bahrain have launched initiatives to provide free consultations during the pandemic [3].

## 6.1 Barriers specific to LGBTQ

1. The supply chains regarding hormonal therapies have been disrupted, leading to exacerbated shortages of these necessary treatments, due to reallocation of health care resources [6]. Already these delays in gender-affirming treatments as well as medical procedures have been documented as negatively impacting the well-being of trans and gender-diverse persons during this pandemic [7]. Lack of access to gender affirming treatments can heighten gender dysphoria and depression, and increases the risk of violence for trans people who are not ‘passing’.
2. LGBTQ people are less likely to seek medical help due to documented high rates of systemic healthcare discrimination and resulting experiences with non-affirming care [2]. LGBTQ people consistently hold fears of having to disclose, to be discriminated against by health professionals, and even potentially outed [15, 33]. Even if symptomatic, many LGBTQ persons are therefore less likely to seek out testing and care [2, 15, 34] although in general those in the LGBTQ community are more likely to adhere to self-isolation measures compared to a national population in Canada [5].
3. Intersex persons often travel long distances in order to access a healthcare professional with whom they have built a relationship with trust as a result of often having experienced hyper-medicalization, discriminating care and even non-consented procedures [42]. Their often complex medical histories can make their in-access to chosen providers under lock-downs dangerous to their physical and mental well-being.
4. Positively, in the U.S. various LGBTQ-specific healthcare networks and support groups collaborated on awareness campaigns to highlight the unique health needs of the LBGT community within the COVID-19 context while over 100 supportive organizations publicly called on health care professions to become aware of these specific needs [35].

# 7. Courts and Law Enforcement

## 7.1 Law Enforcement

1. Globally, police and security forces appear less willing to engage directly in domestic violence disputes and to arrest perpetrators, perhaps due to both fear of the virus as well as being busy enforcing and prioritizing general lockdown measures [1, 14, 37]. Women in China have described being turned away for help due to police being overburdened and told to wait out the pandemic [29]. Also following these contexts, if there is an arrest the perpetrator may only be detained for a short period of time [37] which may put the victim in even higher risk once they are released.
2. Folks in the LGBTQ community, even in countries where their SOGIE is not criminalized, often fear prejudice and discrimination as well as the potential to be outed or mistreated by governmental authorities, especially the police [33, 38]. LGBTQ survey respondents across Australia assert that a fear of police, which existed pre-COVID-19, is heightened due to the increase of police powers during the pandemic [7]. In countries where homosexuality is still a punishable crime, such as Morocco, Uganda or Kenya, LQBTQ victims do not feel safe to report to police for fear or punishment through jail, fines or violence [23].

## 7.2 Courts

1. Globally, one in four countries have no specific laws to protect women from domestic violence, leading to low levels of trust in the court systems, low reporting and thus weak commitments to prosecute abusers [1]. Within Europe, England has yet to ratify a European treaty on violence against women that was first signed 8 years ago, with other legislature such as the Domestic Abuse Bill not written to adequately protect all marginalized women and girls [21].
2. Delays, adjournments and cancellations of planned court sessions have been reported in Kazakhstan and Argentina [16] and China [29] while courts in Gaza have closed completely [22].
3. Argentina has extended protection orders to 60 days [16] while also in New York State, USA courts have issued the extension of all temporary orders of protection and victims are advised to carry copies of their original orders and the extension with them at all times [17]. In the USA generally, the service of obtaining a protection order is seen as an ‘essential service’ prompting many courts to allow victims to petition through both phone and email instead of in-person [19]. The Columbian government has guaranteed that legal and court services would continue virtually through the lockdown, such as using teleconference methods [16]. Approximately only half of family courts are open through 42 states in the US while the other half have switched to digital communications and services [17]. Urgent hearings for family courts in England have switched hearings to over the phone [38], which may make the processes quicker than previously but also may lead to the loss of advocate help and of ability to conduct the hearing in safety due to confinement measures.
4. Beyond losing access to courts, many survivors have also lost access to advocates who generally help victims to navigate the judicial system--although technically possible through digital interference, this creates another barrier to justice and support for victims confined at home with their abuser [19].
5. Many LGBTQ persons may perceive the involvement or courts as too risky in general [33]. If domestic abuse cases do go to court in the UK, neither the victim nor the perpetrator’s identity are anonymized, creating a barrier for many LGBTQ victims [38]. Additionally, most trans persons are not able to access identity documents presenting names, photos, and gender markers that match their true SOGIE [15]. As such they risk increased harassment, discrimination and violence going through police, legal bodies, and the court system [42].

# 8. Current strategies and other recommendations

## 8.1 NGO, civil society or private sector actions

As most domestic violence service providers are no longer hosting in-person sessions, organizations have quickly switched to relying on hotlines, phone consultations and other forms of virtual sessions [17], though these are complicated by confinement with and increased monitoring of an abuser.

Partnerships between NGOs and governmental security forces in Lebanon led to the launch of a national campaign encouraging women witnessing or experiencing domestic violence to report to a newly dedicated hotline [22].

Several states within the EU report working with support organizations and the private sector to create digital tools to assist easier reporting during the pandemic alongside allocating hotel rooms for safer shelter [4]. A popular phone app in the UK, ‘Bright Sky’, provides support and resources to victims but is disguised within its phone appearance to ease fears of abuser’s monitoring [16]. Two telecommunications firms in Antigua and Barbuda agreed to subsidize the price of calls to helplines [ibid]. Additionally, Uber has donated over 50,000 rides to domestic violence organizations across 16 countries while also sometimes providing free rides and food for women sheltering in place in a context of violence [23].

Civil society groups often are calling on governments for more action, pressuring them to pledge more support to the rising severity of domestic violence [29]. More so than governments, nonprofits are beginning to publish specialized manuals to help victims learn strategies to better protect themselves during this pandemic regarding their rights, gaining support services, legal aid as well as longer-term safety planning to leave an abuser [10, 19, 37]. Local and global organizations worldwide have taken up the distribution of basic needs during the pandemic such as food, water, hygienic materials and masks while also setting up social protection networks to support victims and survivors physically, mentally and emotionally [3, 6, 10]. Many have noted best practices happening through rapid response funds that allow their services to continue through the pandemic, especially for communication channels, while they emphasize the need for sustained support through “early warning, sense of community, advocacy and follow-up’ with victims [6].

Support organizations in Mexico have launched a ‘We Have Other Data Campaign’ creating a movement to fight against their president’s dismissal and denial of domestic violence in the country and through the pandemic [32].

## 8.2 Recommendations

1. **Urgently take measures to protect all persons from DV during COVID, in particular aiming to adequately protect young LGBT persons**
2. **Increase funding for community organizations that support victims of domestic violence, particularly those that are women-, youth- or LGBT-led organizations directly reaching marginalized or hard-to-reach victims of DV.**
3. **Train health professionals, frontline workers, social workers and child protection services to identify signs of domestic violence and equip them with necessary tools to offer assistance if deemed safe and appropriate with victims who have sought care [4, 9, 13, 16, 28].**
4. When interpretation between patient and professional is required, **use official interpretation services as opposed to a friend or family member**, as this can form barriers to the disclosure of abuse [9] especially for youth under 18 and/or have not come out to their guardians.
5. When planning, implanting, monitoring and evaluating interventions, governments should **ensure meaningful participation of all relevant stakeholders, including DV survivors, particularly those facing multiple and intersecting forms of discrimination**
6. **Increase efforts towards collecting of aggregated data based on sex, age [16], and SOGIE** in order to fill data gaps surrounding violence against women, girls and LGBTQ persons but being mindful to not increase further risks of violence or re-traumatization through the process.
7. **Isolation restrictions should allow persons to choose their quarantine location** as opposed to relegating it solely to resident registration in order for those suffering from violence at their current home or biological family’s home to stay in a safer space [42]

# Glossary

COVID-19 - Coronavirus disease, SARS-CoV-2

DV – Domestic violence. Refers to all types of violence in a domestic setting, such as intimate partner violence, family violence or violence in cohabitation.

LGBTQ – Stands for Lesbian, Gay, Bisexual, Trans, Queer. Used as an umbrella term for all identities and communities that are non-heterosexual or cisgender.

Trans – an Umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. This can include but is not limited to: transgender, transsexual, non-binary identities and gender-fluid identities.

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