

Adolescent Girls and COVID-19: GBV Risks and Response



Background:

Prior to the current COVID-19 pandemic, gender-based violence had already reached pandemic proportions across the globe. An estimated **1 in 3 women and girls will experience physical or sexual violence in their lifetimes.**ⁱ

However, these numbers tell only a part of the story. Gender-based violence (GBV) is both a consequence and a result of gender inequality that cuts across boundaries of age, education, geography, and socio-economic status.

Pandemics like COVID-19 expose and exacerbate existing inequalities putting women, girls and people of diverse gender identities at increased risk of violence.

Evidence from past humanitarian crises has shown time and again that, in a crisis – whether a public health crisis, extreme economic collapse or insecurity, climate-related disaster, food insecurity or wide-scale famine, or armed conflict and forced displacement – gender inequalities and gender-discrimination are exacerbated and GBV risks increase dramatically. Emergencies disrupt access to social protections that mitigate risks for women and girls, at a time when protective systems and services are already weakened.

The COVID-19 outbreak is being felt on a global scale, and GBV prevention, mitigation, and response measures must be prioritized in funding and response efforts in order to address the increased need.

For example, ongoing containment measures are already driving a spike in domestic violence rates across affected countries. These rates will likely continue to increase as the virus spreads and countries and communities implement containment

measures that are forcing a growing number of women and children to remain confined with abusers and without access to essential support mechanisms.

To-date reports of GBV in homes and demand for emergency shelters were reported in China and are increasing in Argentina, Canada, France, Germany, Kosovo, Spain, the United Kingdom and United States.ⁱⁱ Helplines across the globe are registering an increase in calls for help with violence and escalating intensity. Significantly, reports only reflect experiences of those with access to services and helplines. There are many more women and children experiencing violence who remain uncounted and invisible.

The most common place for children to experience violence is in the home, as witnesses and targets of abuse. Increased risk factors in containment, including loss of income, deteriorating mental health and increased likelihood of substance abuse combined with the power inequalities that have always driven GBV will exacerbate the frequency and intensity of all forms of violence against women and children.

In addition, the demands of COVID-19 on the health system and already inadequate GBV and child protection services are further undermining access to services and information for women and children including where shelters have been requisitioned for the COVID response.

GBV and Adolescent Girls:

Adolescent girls are disproportionately impacted by GBV. **Around 120 million girls worldwide (slightly more than 1 in 10) have experienced forced sex or other forced sexual acts.ⁱⁱⁱ 12 million girls marry each year before they reach the age of 18.^{iv}**

Adolescent girls experiencing intimate partner violence (IPV), including already married girls and those in marriage-like unions are often already isolated and face heightened risk of ongoing GBV from at times much older partners. As noted above, due to COVID-19, these girls will also face increased risks of GBV in confinement.

According to UNESCO, an estimated 89% of students enrolled in education are currently out of school because of COVID-19, including nearly 743 million girls. This number does not account for the

over 132 million girls between the ages of 6 and 17 who were already out of school prior to COVID-19.^v Experience with Ebola shows that there are serious costs to interrupting education. Massive school closures and social isolation are likely to drive risks of GBV for children, and particularly for adolescent girls.

During the 2014-2015 Ebola outbreak, an increase in violence experienced by adolescent girls was reported, including in quarantined households.^{vi} Children in Sierra Leone reported that school closures in particular, intensified girls' vulnerability to GBV,^{vii} which resulted in life-threatening adolescent pregnancies. **Pregnancy and childbirth related complications are already the leading cause of death for adolescent girls aged 15-19,^{viii}** and in crises, when access to essential sexual and reproductive health services are already limited, adolescent girls face even greater challenges to getting the health services and information they need.^{ix}



Evidence across contexts has also shown that once education is disrupted for adolescent girls, they are less likely to return to school, more likely to be married as children, and are at higher risk of experiencing other forms of GBV throughout their lives.^x

Due to school closures, the pandemic has spurred an unprecedented and massive global scale-up of eLearning for out-of-school children and adolescents, including many children who have little prior experience with the internet. Children spending more time online means being exposed to protection risks on the internet, including GBV, child sexual exploitation, and abuse.

Access to online and phone services and remote learning via digital platforms will be critical to ensure girls' access to GBV and child protection services, and to limiting the impacts of COVID-19 on their education. Girls' more limited access to phones and the internet also means that services

that rely on these technologies will fail to reach many in need, and providers will need to make context-specific adaptations including radio-messaging, community announcements and delivery of messages through women, girls and children's groups where possible.^{xi}

The economic impacts of COVID-19 and potential food insecurity, is also likely to negatively and disproportionately impact adolescent girls and their risk of GBV. **Past crises have shown that economic insecurity and food shortages drive risks of child marriage for adolescent girls,** as families in may marry their daughters in an attempt to ensure they are provided for and the family can support their other children.^{xii}

Despite the ongoing GBV epidemic across the globe, evidence on how crises exacerbate GBV risks, and existing extensive guidance based on best practices on how to prevent, mitigate, and respond to GBV, it remains drastically underfunded and under-prioritized. Programs to address violence against women and girls receive **just 0.12% of funding in humanitarian crises.^{xiii}** GBV experienced by adolescent girls in particular is often invisible or uncounted, and the distinct needs of adolescent girls often fall between child protection and GBV prevention and response efforts.

Save the Children is Calling for Urgent Action to #ProtectAGeneration

Save the Children is adapting our existing programs – including safeguarding vital services, adopting appropriate distance learning practices, child protection services, and work to support girls to continue their education, return to school and delay marriage – to continue to support women and girls throughout the COVID-19 crisis.

We welcome and support the UN Secretary-General's call for a global permanent ceasefire to end all forms of gender-based violence, including domestic violence against women and girls, and the UN recommendation that prevention and redress of gender-based violence should be a key part of all national response plans for COVID-19.

We urge all actors to ensure that **the distinct needs of adolescent girls are visible and meaningfully addressed in all COVID-19 responses** at the international, regional, and national levels, **particularly the prevention, mitigation and response to GBV,** including through:

- **Ensuring comprehensive collection, analysis and use of sex and age-disaggregated data by all actors**, looking across sectors at the whole child; commitments and concrete actions to address ongoing data gaps on adolescent girls, particularly on child marriage.
- **Consistently applying an intersectional gender analysis** throughout efforts at every stage of the program cycle to inform the response and mitigate against potential unintended harms.
- **Prioritizing and increasing funding for GBV prevention, mitigation and response efforts, commensurate with need** and ensure frontline responders, including social workers, are resourced and classified as essential workers to enable them to safely continue their critical work. Ensure technical and financial support for local women's rights organizations and women-led community-based organizations.
- **Ensuring all children have access to adolescent and child-friendly services and information, including emergency sexual and reproductive health response services.** Remote access must be improved, including through online and phone services.
- **Mainstreaming GBV prevention, mitigation and response efforts throughout all sectoral responses**, and ensuring that all services that girls interact with including health, education, and child protection are trained in identifying COVID-19 risk-factors for GBV and referral processes. GBV service providers should receive training and support to be child-friendly and all response efforts must be in line with IASC GBV Guidelines.
- **Ensuring adolescent girls have access to safe, adolescent-friendly and gender-sensitive essential healthcare, particularly sexual and reproductive health services and information**, including menstrual hygiene management, and adolescent-friendly MNCH services, as well as mental health and psychosocial support.
- **Supporting adolescent girls' safe and meaningful participation in shaping and delivering the COVID-19 response** and holding governments and responders accountable for delivery. Supporting community-based women's and girls' rights organisations is critical to this. Adolescent girls are the absolute experts of their own lives and their experiences, and their needs, and priorities must not continue to remain invisible.

ⁱ <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

ⁱⁱ <https://www.washingtonpost.com/world/2020/04/01/measures-control-spread-coronavirus-are-nightmare-victims-domestic-violence-advocates-are-demanding-that-governments-step-up/>

ⁱⁱⁱ https://www.unicef.org/publications/files/A_Statistical_Snapsho_t_of_Violence_Against_Adolescent_Girls.pdf

^{iv} Girls Not Brides, <https://www.girlsnotbrides.org/about-child-marriage>

^v UNESCO,

<http://uis.unesco.org/sites/default/files/documents/fs48-one-five-children-adolescents-youth-out-school-2018-en.pdf>; UNICEF, <https://www.unicef.org/media/55331/file>

^{vi} <https://sierraleone.unfpa.org/sites/default/files/pub-pdf/Rapid%20Assessment%20of%20Pregnant%20Adolescent%20Girls.pdf>

^{vii} https://resourcecentre.savethechildren.net/node/9175/pdf/chilrens Ebola_recovery_assessment_sierra_leone.pdf

^{viii} WHO, <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

^{ix} <https://sierraleone.unfpa.org/sites/default/files/pub-pdf/Rapid%20Assessment%20of%20Pregnant%20Adolescent%20Girls.pdf>

^x <https://en.unesco.org/news/covid-19-school-closures-around-world-will-hit-girls-hardest>

^{xi} <https://www.vodafone.com/about/vodafone-foundation/our-projects/girls-and-mobile>; IASC "Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response

^{xii} <https://www.girlsnotbrides.org/wp-content/uploads/2016/03/6.-Addressing-child-marriage-Food-Security-and-Nutrition.pdf>; https://resourcecentre.savethechildren.net/node/13485/pdf/child_marriage_report_june2018.pdf; <https://www.savethechildren.org/content/dam/usa/reports/ed-cp/cefm-in-humanitarian-settings.pdf>

^{xiii} <https://www.rescue.org/sites/default/files/document/3854/where-is-the-money-final-final.pdf>