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Call for submissions: COVID-19 and the increase of domestic violence against women

The United Nations Special Rapporteur on violence against women, its causes and consequences, Ms. Dubravka Šimonović, is following closely the impacts of the COVID-19 pandemic on women's right to a life free from violence. As she warned in a recent <u>statement</u> in 27 March 2020, the efforts to deal with the current health crisis may lead to an increase in domestic violence against women.

As initial police and hotline reports suggest, domestic violence has already surged in many countries, as measures imposing isolation compel a number of women to be kept at home under the same roof with perpetrators, thus exacerbating women's vulnerability to domestic violence, including femicides. The risk is aggravated by fewer police interventions; the closure of courts and limited access to justice; the closure of shelters and services for victims, and reduced access to reproductive health services.

The Special Rapporteur on violence against women wishes to receive all relevant information on the increase of gender-based violence against women and domestic violence in the context of the COVID-19 pandemic from civil society, States, National Human Rights Institutions, international organisations, academia and other stakeholders on the following issues:

 To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered since the beginning of the COVID-19 crisis.

In the national response to Gender Based Violence (GBV), cases are estimated at an increase of over 70 per cent compared to the pre-lockdown trends. About 94 per cent of the cases are women. The most dominant forms are physical violence (38 per cent of total cases) and psychological violence (38 per cent), followed by economic violence (19 per cent) and sexual violence (5 per cent). About 90 per cent of cases are Intimate Partner Violence (IPV) cases¹. However, these figures do not

¹ https://reports.unocha.org/en/country/zimbabwe/card/2XxB9GOV93/



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give a breakdown of whether sexual minority cases are included. These estimations also do not highlight which regions they cover outside of Harare.

The police however have recorded a decline in reported cases during the lockdown than pre-lockdown trends, however, Musasa Project² recorded 764 cases of GBV between March 30 and April 9, only 193 cases were reported to the police in the same period³.

GALZ⁴, Katswe Sistahood⁵ and Pakasipiti⁶, local NGOs working with sexual minorities also report an increase in GBV and IPV cases over the COVID-19 lockdown period beginning on March 30, 2020 to date. However, they were not quantified in percentages. They reported that the cases were a significant increase as they would receive maybe 1 case on occasion and some, none at all.

- Katswe Sistahood at the time of consultation, reported to have received +25 cases from female sex workers experiencing GBV and/or IPV, however, consolidation was yet to be conducted. They highlighted that mostly sexual and physical abuse was experienced and one case of emotional abuse. Counselling was provided for the survivor. Katswe Sistahood highlighted that emotional abuse was difficult to engage with as not much could be done especially when resolving the case with government officials and or the police as it was a difficult case to prove due to the opposing and conflicting views.
- GALZ reported that they had recently conducted a survey, Assessment Corona virus and COVID-19 induced lockdown on the livelihood of LGBT people in Zimbabwe, which also looked into issues experienced the during the COVID-19 period. The survey consisted of 635 participated to which, Lesbian and Bisexual women comprised 30,86% of participants. During this study, 19,3% (123) of participants had reported to have experienced one or multiple forms of GBV and/or IPV. We estimated according to figures provided that at least 8 LBQ7 women had experienced GBV and/or IPV. GALZ had not, at the

² https://musasa.co.zw/

³ https://zimfact.org/factsheet-domestic-violence-during-coronavirus-lockdown/

⁴ https://.www.galz.org/

⁵ https://katswesistahood.net/

⁶ https://pakasipitizimbabwe.wordpress.com/author/pakasipitizimbabwe/

⁷ Lesbian, Bisexual and Queer women. This does not include Transwomen.



www.ohchr.org • TEL: +41 22 917 9000 • FAX: +41 22 917 9008 • E-MAIL: registry@ohchr.org time of consultation, disaggregated responses for GBV and/or IPV. The breakdown of responses was as follows:

- Verbal abuse 25.9% estimating that 8% were women
- Sexual abuse 3.7% estimating that 1.1% were women
- Physical abuse 7.4% estimating that 2.3% were women
- Economic abuse 23.7% estimating that 7.3% were women

GALZ also reports that at the beginning of the lockdown, most cases of GBV and/or IPV were coming from mostly Gay and Bisexual (GB) men. However, there is now a shift, with LBQ persons reporting more. Furthermore, GALZ reports a number of cases (they were unable to give a concrete figure) coming from children under the age of 18years. Legally, GALZ are not allowed to address minors' issues therefore, they referred them to Childline Zimbabwe⁸. When responses from Childline Zimbabwe proved to be slow, GALZ resolved to engaging the parents of the affected minors in order to address the issues which has proved to be successful.

- Pakasipiti Zimbabwe reported to have received 7 cases of GBV and/or IPV against LBQ women from their constituency. Their cases include one which led to attempted suicide and two cases involving family-related abuse.
- 2. Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?

Yes, the national GBV Hotline manned by a local NGO, Musasa Project, based in Harare has recorded a total of 2,519 GBV calls from the beginning of the lockdown on 30 March until 13 June (1,312 in April, 915 in May 2020 and 292 from 1 June to 13 June). Records from the government were not available at the time of this report.

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⁸ https://www.facebook.com/childlinezimbabwe/



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GALZ, Katswe Sistahood and Pakasipiti reported that they utilised helplines from two organisations, namely Musasa Project and ROOTS⁹ as referral centres for their members who needed shelter after a violation.

GALZ reported that relations with the national Victim Friendly Unit¹⁰ (VFU) had improved during the lockdown. They highlighted that members could freely report their cases compared to hostility before the lockdown period. Similarly, Katswe Sistahood highlighted that since resuming their public meeting with sex workers, representatives from the VFU as well as Women's Affairs departments have been assisting them in disseminating information to their groups, stating that their information was concise, and accurate. Katswe Sistahood further highlighted that in areas where the VFU was not available and links to GBV and/or IPV services were not easy to reach, they contacted other organisations to assist. In areas such as Masvingo, My Age¹¹, stepped in to assist.

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

No, they are still subjected to the same conditions of requesting permission, in the form of letters of authorisation, to travel from one residential area to another and to enter the CBD. Despite GBV services being recognized as essential services, GBV personnel and survivors continue to experience movement restrictions in some districts. The strict enforcement of lockdown movement rules in Harare Central Business District and other main cities resulted in increased presence of armed forces at roadblocks. Extensive patrolling of public open spaces, such as produce markets and bus stops also generated an increased risk of tensions, stigma and harassment¹². There is a need to enhance on-going sensitization of security forces, in order to ensure freedom of mobility of both GBV service providers and GBV survivors.

Access to GBV services remains a constraint due to the reduced availability of public transport means during lockdown. The limited operating ZUPCO public buses do not

⁹ https://www.rootsafrica.net/

¹⁰ http://www.zrp.gov.zw/index.php?option=com_content&view=article&id=86&Itemid=741

¹¹ http://myage-zim.org/

¹² https://reports.unocha.org/en/country/zimbabwe/card/2XxB9GOV93/



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meet the demand, while the commuter omnibuses, which are usually more efficient and with a wider range of geographical reach, remain unavailable. The high costs of public transportation have proven to be particularly difficult for the LGBTI community which is largely unemployed.

There are double standards in security personnel conduct in low and high-density areas. In low-density areas, movement has been less restrictive, as opposed to high-density areas where there is a further risk of being physically abused by the security forces when trying to travel even within the same locale or homestead. Therefore, victims are forced to stay at home with their abuser(s).

GALZ and Katswe Sistahood reported that they have had to resort to providing transport to the victims; with GALZ using their service vehicles and Katswe Sistahood, being assisted by ROOTS' service vehicles to pick up victims from their respective areas of residence. Katswe has in some instances written letters for the victims but have since resolved to using their community facilitators who have letters to move with the victims.

GALZ reported that through their study, 35% of respondents had stated that they had experienced some sort of obstacles in traveling and/or seeking permission to travel. We estimate that 10.8% of these were women.

Pakasipiti reports that transport has been one of their biggest challenges. Members also report that they have struggled to get access, with police sighting that their reasons were not good enough to grant access.

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

Yes, shelters run by NGOs and CSOs are open. There are no government shelter centres. The shelters have limited functionality and capacity because they are donor funded. For a significant period, Musasa Project had been the only organisation providing shelter for vulnerable women until recently when ROOTS came into existence. Katswe Sistahood as well GALZ highlight that while Musasa Project has been open to assisting, they seem to be overwhelmed with trying to assist the nation. ROOTS however, as a newcomer, is less known and more responsive. It is estimated that there are around 6 safe houses for 10 provinces in Zimbabwe for all women. Most can only accommodate a very small number at a time.



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It has emerged that in rural towns most shelters are accessed through the Department of Social Services therefore churches have played a crucial role in providing this facility together with well-wishers however, limited capacity and knowledge of how to assist victims means that they can only help to an extent.

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

GALZ reported that through their engagement with the VFU, mainly in the capital, Harare, they have manged to get assistance through the courts and protection orders have in some instances been issued. The issue of the community's willingness and confidence in seeking justice services remains a stumbling block.

According to the Zimbabwe Women Lawyers Association (ZWLA), if a victim approaches them for assistance they can assist with the process of getting a protection order being granted by the police. Since the courts are closed for most cases and open for what is classified as high priority cases.

The rural communities thrive in the Traditional Leaders Act [Chapter 29:17] where protection orders and disputes are resolved in communal courts in the absence of the Zimbabwe Republic Police services. The communal courts have increased the role of women to be part of the jury and have the authority to send its police to even arrest perpetrators and hand them over to ZRP.

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

The Judiciary Courts have been suspended except for the High Court, this means that women have limited access to judicial services. With the suspension of travel, this compounds the situation and leaves women without knowledge of or access to NGO and CSO services with no place to report. Organisations such as GALZ, as mentioned in question 5, owing to their relationship with the VFU have found ways of accessing such services however limited.

The rural communal courts are fully functional and have women as part of the jury.



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7. 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.

Most health services are open and functional, however, to a certain period of the day, usually 6pm. Katswe Sistahood reports that STI cases, for their sex worker constituency, have risen during the lockdown because of the movement restrictions and negotiating power decreasing with confinement. They also report that abortion cases have risen with one example of a member who requested a referral in April but only managed to travel in June, well after the recommended abortive period. This means that women are using unorthodox methods to conduct their abortions.

Most women are not formally employed to access these letters. Which makes it highly impossible to gain access to SRH services.

GALZ operates a services clinic twice a week, however, community members consider this to be insufficient. In their study, GALZ gave a breakdown of the services mostly required by the participants which were, to mention a few:

- Counselling 27.56% and we estimate that 8.51% of women sought these services
- Lubes 43.46% and we estimate that 13.41% of women sought these services.
- Condoms 38.11% and we estimate that 11.76% of women sought these services
- Other SRHR related services 10.71% and we estimate that 3.31% of women sought these services.

However, figures for Lubes and condoms in relation to LBQ women could be overstated seeing as the Zimbabwean LBQ community has a low history of accessing condoms and lubricants in the absence of dental dams and finger-cots. We are certain that upon specific aggregation, the figure could be significantly lower for the LBQ community but higher in the area of other SRHR services required.

8. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.



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Many of the obstacles have been mobility related and the insensitivity of security forces in engaging with victims of and/ or personnel working on GBV and IPV issues. Government's conflicting and/ or ambiguous messaging and directives as to who can or cannot travel, as well as assist has also been an issue. The lack of Social Workers and call centres to work with victims of GBV and/or IPV. Again, unemployment was a form of hinderance as access to letters was limited. Lack of adequate shelter for those who have experienced violence.

GALZ reports that some of the psycho-social support interventions appear superficial, this could be attributed to government being either ill-equipped (understanding) to handle them or they do not have the resources (personnel and finance) to effectively deliver such services.

9. 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.

The assistance of the VFU and Government's continuous messaging on radio with regard to GBV and IPV and provision of services for victims of rape through supporting NGOs such as the Adult Rape Clinic¹³. GALZ reported that the police and VFU now give them feedback on cases that they would've referred to them.

10. 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.

NGOs and CSOs have been running service centres throughout the lockdown period. They have also taken advantage of technology to create online platforms for information dissemination and to provide referrals for their constituencies. Provision of transport to access GBV/ IPV and SRHR services. Provision of counselling and rape exposure services. The organisations also engaged in a media drive especially on national radios that encourages speaking out by reporting.

GALZ highlighted that having an on-call in-house counsellor was one of their major advantages in responding to violations and addressing general wellbeing concerns of their LBQ community.

¹³ http://www.adultrapeclinic.org.zw/



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Katswe Sistahood highlighted having community-based facilitators who are in many ways 'peer-educators'. They highlighted the advantages of having area-based clinics such as the Population Services Zimbabwe¹⁴ clinics which they could refer members of their constituency to.

11. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.

Economic violence towards women in the country saw a rise during the lockdown, as most families are women-led and these women are mostly vendors or sole traders whose business suffered the most when the lockdown started. www.herald.co.zw/lockdown-police-confiscate-vegetables/

https://iharare.com/watch-police-confiscate-and-burn-vegetables-in-ruthless-enforcement-of-lockdown-after--3-am-raid/. The violence is not only coming from within the house it is coming from the state as well.

Katswe Sistahood stated that while they were happy that government had recognised that GBV and/or IPV were issues to be addressed amidst the lockdown, they expressed concerns over the plight of sex workers with regard to economic interventions for sex workers. They highlighted that they had been a project of sewing face masks to help sex workers make some income to sustain themselves but lamented that these efforts were still not sufficient to address all their needs and more needed to be done.

Having places like Bulawayo experiencing a water crisis, women have been sleeping on water queues as they wait for the bowsers. This has been harder for masculine presenting queer women as they are harassed and insulted by community members, similarly, at road blocks, state security agents demands exemption letters accompanied by National Identity documents which at times subjects them to harassment and ridicule.

Another area for focus is that of tech-assisted violence and how it manifests in relation to VAW. In March 2016, Katswe Sistahood petitioned the government to enact law that would prevent the dissemination of private nude images without consent as such, the Cyber Security and Data Protection Bill was subsequently tabled. Section 19; Protection against transmission of intimate images without

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¹⁴ https://www.pszim.com/



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consent, of the newly drafted bill introduces a new offence that protects against such actions and has helped in reducing these kinds of violations, however, other forms of abuse such as hate speech persist. While sections 164A: Sending threatening data message, 164B: Cyber-bullying and 164C: Transmission of false data message intending to cause

harm provide frameworks to address some of the harassment faced by women online, the knowledge and understanding of the bill and its contents is not that widespread and government has done very little with regard to ensuring that the general populace is aware of and understands the bill's purpose and contents. Media Institute of Southern Africa (MISA)¹⁵ provides a comprehensive analysis of this.

"The identified sections in the Bill, in their current form have a negative domino effect on the broadened democratic space created by the Constitution. They have the capacity to curtain the freedom of expression, through instilling fear, and creating self-censorship. This obviously limits the enjoyment of freedom of expression on cyberspace."

Women in many instances are already self-censoring, in a focus group discussion, LBQ persons highlighted that they would not share their real names online and/ or resolved to maintain more than one account to prevent being bullied and/or cyber-bullied. While the bill is necessary, the clauses in most instances are ambiguous and would not sufficiently protect the citizenry and, while women have some clauses to celebrate, there is not much that can be used to fully protect them aside from the mentioned clauses.

3 LBQ members and other activists have reported to have been harassed, doxed¹⁶, and threatened against upon posting LGBTI issues as Zimbabwean issue that deserved recognition and compassion. One example includes queer people invited as part of a panel in a WhatsApp discussion, before IDAHOT 2020, being doxed. The group was infiltrated by state surveillance agents who continued to copy chats and publish them on twitter, linking the promotion of LGBTI issues to recent

 $^{^{15}\ \}underline{\text{https://crm.misa.org/upload/web/misa-zimbabwe-commentaries-on-the-cybercrime-and-cybersecurity-bill-2017_december-2018.pdf}$

¹⁶ https://www.google.com/search? q=doxed&rlz=1C5CHFA_enBW878BW878&oq=doxed&aqs=chrome..69i57j0I7.3080j0j7&sourceid=chrome&ie=UTF-8



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opposition party protests, thus making LBQ persons prone to political violence as well targeting based on their sexual orientation and gender identity¹⁷.

12. Have you been able to lodge complaints with social media platforms when you have experienced violence? What, if any, have the responses been?

Shadaya, a social influencer, has publicly bullied queer women and women in general on Twitter¹⁸. Some tweets have been reported and pulled down, however, psychological damage means that some women will not be open and free to engage on such platforms in fear of being subjected to the same abuse.

All submissions should be sent to waw@ohchr.org as soon as possible, and will be received until 30 June 2020. You are kindly requested to provide your submissions in English, French or Spanish. Kindly indicate if you do not wish your submission to be made publicly available.

¹⁷ https://musharukwamukuru.art.blog/2020/05/14/yali-zimbabwe-proving-to-be-the-us-tool-like-pachedu/

¹⁸ https://iharare.com/misreds-ex-comes-to-her-defence/