

GENDER BASED VIOLENCE (GBV) DEFINED:

- A Human Rights Violation
- Violence committed against someone based on their gender identity, gender expression or perceived gender
- Includes rape, domestic violence, sexual assault and harassment, trafficking of women and girls and sexual abuse of children
- Femicide contributing to high levels of morbidity and mortality¹

HOW BIG IS THE PROBLEM? (PREVALENCE):

Global Stats:



• 1 in 3 women have experienced physical or sexual violence at some point in their lives²



- 6 out of every 10 women are intentionally murdered by an intimate partner, or other family member²
- 243 million women and girls (aged 15-49) were subjected to sexual and/or physical violence a year. It got worse with COVID-19³
- Women represent 70% of healthcare and social care frontline workforce. They experience GBV from managers and patients, impacting their mental, physical, and sexual health⁴

Stats In Canada:

- A women is murdered by an intimate partner in every 6 days⁵.
- Women with disabilities, Indigenous women, girls, lesbian and bisexual women are more at risk of experiencing violence⁶.



- An indigenous woman is 6 times more likely to be murdered than a non-Indigenous woman⁵.
- **Sex trafficking**, an extreme form of GBV, is practiced. Perpetrators often withhold health cards, access to information (news, phones) and deny victims contact with immediate family members⁷.
- Racialized women at risk of GBV should be a priority group for immediate mental health support and care during pandemics.

EFFECTS OF GBV ON VICTIMS/SURVIVORS:

- Associated with life-long psychological distress and mental health concerns like anxiety disorders (Post-Traumatic Stress Disorder), depression, and substance use disorders⁸.
- Linked to higher rates of suicide attempts¹, social exclusion and self-isolation among women.
- Increases use of health emergencies⁹.

WHY DATA **COLLECTION ON GBV** DURING COVID-19?

We Need More Information. Key areas to investigate:

- WHO is most impacted by violence during the emergency?
- WHY does violence against women and girls increase during emergencies?
- WHAT factors contribute to increased risk of VAW and girls?
- WHAT services for women and girls are being impacted by the crisis, and HOW?
- **HOW** does race, gender, and other types of inequalities (health, socioeconomic status) impact the health and wellbeing of GBV survivors?



HOW CAN WE COLLECT DATA?"



Fieldwork tools (e.g. interview guide questions) should include a more diverse lens, with sensitive questions

Depth - More thought in developing the questions; avoid standardized questions to better capture the lived realities of survivors

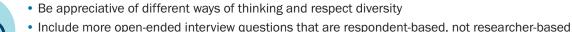


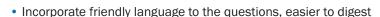
Relatedness and intersectionality should inform the data collection process

Recognition that women's experiences of violence are influenced by their social locations/identities



Openness and Transparency







Inclusiveness

- Promote inclusive approaches to data collection based on "Nothing About Us Without Us" principle

collecting GBV related data. Failure to do this may result in:

- · Increase violence against women and girls
- Violation of women's and girls' rights related to privacy, security, and confidentiality¹⁰

UNITED NATIONS' GUIDING PRINCIPLES FOR DATA COLLECTION¹⁰

"DOING **NO HARM SHOULD BE** THE HIGHEST PRIORITY"10

Protect and Support Women and Girls

Prioritize focus on channeling resources and supports to survivors

Apply existing data to inform COVID-19 responses

Maximise use of secondary sources to collect data

Apply ethical and safety principles

Ethics refers to "a system or code of moral values that provides rules and standards of conduct"12

RECOMMENDATIONS FOR DATA COLLECTION WITH GBV SURVIVORS

A trauma and violence informed approach to data gathering

Promote the mental health of racialized women by:

RECOGNIZING the profound impact that trauma and violence have on women's lives¹⁸

UNDERSTANDING the multiple wavs trauma affects women's lives, their capacities, abilities, and coping strategies¹⁹

APPLYING principles that guide trauma and violence informed approaches, including respect, dignity, inclusiveness, empowerment and hope 19



FURTHER CONSIDERATIONS – Lessons from COVID-19 Responses

- Social distancing, restriction of movement and closure of services increase the risk of GBV by limiting capacity to distance from abuser(s), and access to vital supports¹³.
- GBV and emergencies often disproportionately impact ethnic minorities. Both highlight structural racism¹⁴.

MICRO LEVEL

- Recognise and prevent endemic violence and sexual harassment against female workers in health and social sectors
- Facilitate discussions about protection of girls at risk of sexual violence during schools closures

MESO LEVEL

- Increase visibility of Violence Against Women through media outlets by highlighting risk factors during crises².
- Intentionally prevent/eliminate racism and discriminatory at service points¹⁵.
- Ensure healthcare for all (universal health coverage)
- Strengthen community involvement recruit Community "gatekeepers" 16 as part of the primary detection system 17.
- Counsel and support families to peacefully resolve conflict

MACRO LEVEL

- Prioritize and integrate prevention of Violence Against Women and girls in national and sub-national emergency response plans
- Put in place mechanisms for repurposing unused public spaces, to safely shelter women and girls fleeing violence
- Document and disaggregate data on domestic violence incidences by sex, age, ethnicity, disability and race; report effects under physical, psychological, economic and sexual.

This infographic was developed as part of the project titled: **COVID-19 Pandemic Guidelines for Mental Health** Support of Racialized Women at Risk of Gender-Based Violence. For more information visit:





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