



*IMPLICATIONS OF COVID-19 FOR THE PREVENTION OF AND RESPONSE TO  
CONFLICT-RELATED SEXUAL VIOLENCE*

*POLICY BRIEF*

*22 May 2020*

The Coronavirus pandemic is dramatically impacting all aspects of the work being carried out by the United Nations. The purpose of this paper is to outline a number of policy and operational implications of the COVID-19 pandemic on the prevention of and response to conflict-related sexual violence (CRSV). This analysis by the Office of the Special Representative on Sexual Violence in Conflict is based on ongoing consultations with field practitioners, including Women Protection Advisers in United Nations peace operations, UN country offices, and civil society partners. It also reflects a number of issues of concern that have been raised by UN Action Against Sexual Violence in Conflict, the network of 15 United Nations entities<sup>1</sup> chaired by the Special Representative on Sexual Violence in Conflict.

Although empirical evidence related to the linkages between COVID-19 and the prevalence of CRSV and impact on multisectoral service provision is still scarce, in the short-term a broader body of related literature can provide an evidence-informed understanding of linkages between infectious disease epidemics and violence against women and children, including sexual violence in conflict and post-conflict settings. This analysis is intended to inform policy and programme responses to mitigate the risk of increased sexual violence in conflict and post - conflict settings as part of pandemic preparedness, as well as during and in the aftermath of the pandemic.

Unequal gender relations and patriarchal norms exacerbate crises and are also aggravated at such times, with the potential to further magnify and modify risk and protective factors. Conflict and times of unrest are linked to increased interpersonal violence, particularly against women and children, and pandemics are no exception. The global nature and associated fear and uncertainty of pandemics provide an enabling environment that may exacerbate or spark diverse forms of violence against women and children including sexual violence. Lessons learned from

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<sup>1</sup> DPO, DPPA, IOM, OCHA, OHCHR, OSRSG-CAAC, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNODA, UNODC, UN Women, WHO.

previous epidemics such as Ebola have clearly illustrated the need for a gender responsive and inclusive approach. Therefore, this paper complements and reinforces a number of recent policy briefs of Secretary General that advocate an intersectional gender- and feminist-informed pandemic response.<sup>2</sup>

### ***Impact on monitoring, reporting, access and timely information as a basis for remedial action***

Already a dramatically underreported crime, CRSV risks being further obscured by the pandemic. Through resolution 1960 (2010), the Security Council mandated the establishment of monitoring, analysis and reporting arrangements on CRSV in recognition of the fact that accurate and timely information and analysis on this problem represents the basis for prevention and response at all levels. This includes actions to combat impunity and ensure the delivery of multi-faceted programmatic interventions to survivors. The imposition of quarantines, curfews and other restrictions on movement to abate the spread of COVID-19, are already hampering the possibility for survivors to report sexual violence, further exacerbating the existing structural, institutional and sociocultural barriers to seeking redress for such crimes. Quarantines and other restrictions on movement have also begun to disrupt the monitoring, reporting and outreach work of United Nations entities mandated to gather information, verify violations and enhance compliance by both State and non-State parties with international obligations, including relevant Security Council resolutions.

*Data collection and analysis is the backbone of results-based programming. It is critical to the effectiveness of targeted service delivery, advocacy, policy development, and accountability and monitoring. Therefore, it is essential that continued emphasis be placed on the implementation of the monitoring, analysis and reporting arrangements on CRSV. CRSV expertise should be integrated upstream in the response to the pandemic and reflected in national response plans in conflict-affected countries. This may require integrating CRSV experts into military, humanitarian and political efforts in response to COVID-19, to achieve modified approaches, including flexible yet rigorous information verification procedures through a greater reliance on local community networks, women's groups, etc. It may necessitate increased investment in training and capacity building of local partners.*

### ***Impact on and access to services for survivors of sexual violence including life-saving health interventions***

Sexual and gender-based violence remains the most chronically underfunded sector of the humanitarian appeals of the United Nations, severely impacting the

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<sup>2</sup> Refer for example to: *The Impact of COVID-19 on Women*; and, *COVID-19 and Human Rights: We are all in this together*.

delivery of the range of medical, psychosocial and legal services required to support survivors of CRSV. For example, while one in five internally displaced or refugee women living in humanitarian crisis and armed conflict has experienced sexual violence, less than 1 percent of global humanitarian funding is spent on SGBV prevention and response activities.<sup>3</sup> As resources are prioritized by donors, UN entities and national authorities for the COVID-19 response, there are concerns of even more acute funding shortfalls in this area. In addition, some existing shelters and safe spaces have either been closed temporarily or are being repurposed for the COVID-19 response. Quarantines, curfews, school closures and other restrictions on movement are having a detrimental impact on the ability of survivors to physically access services even where they do exist. In this regard special consideration needs to be given to refugee and internally displaced communities, a disproportionately large percentage being women and children, for whom the challenges of availability and accessibility of services are exacerbated by circumstances of their displacement.

Fear of contracting COVID-19 further exacerbates the challenge of service provision. Health service providers, emergency first responders and women's civil society organizations are often the first point of contact for survivors of sexual violence. Yet, women including survivors of sexual violence may be less willing to seek help, particularly for health care, because of perceived risks of contracting COVID-19, for fear of infection and the potential for transmitting the virus to their families.

A direct outcome of the pandemic is an increased burden on health services and first responders. The contraction of routine health services means barriers to screening and service provision for victims of sexual violence, including reduced supply of essential services, such as emergency contraception, post-exposure prophylaxis and psychosocial support. Referral pathways are also likely to change during the pandemic, with a lack of complementary health and legal services to address immediate and medium-term needs of victims of sexual violence. In these referral pathways, first responders, crisis hotlines, and civil society actors as well as intermediaries connecting women to legal channels, crisis support and safety planning, and organizations addressing housing and financial assistance are all critical for survivors of sexual violence. With social distancing measures instituted, as well as economic strains, these organizations are less active and able to support women and children in need.

In terms of mitigation measures, it must be emphasized that hotline support services and SMS-based safety planning and support programmes are essential

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<sup>3</sup> <https://www.unocha.org/story/gender-based-violence-closer-look-numbers>

lifelines during this COVID-19 pandemic, in order to provide crisis counseling and strategic safety planning even remotely.

In settings where the COVID-19 pandemic has triggered a militarization of some health systems, such as the utilization of military forces to set up field hospitals and provide security, there may be additional risks for women and children. The presence of military forces in the community can lead to increased risk of violence, fear and perceived lack of security for women and girls, further exacerbating the underreporting of sexual violence.

*Therefore, sexual and gender-based violence response programmes should be considered as essential, life-saving services and prioritized as such in the context of the overall Coronavirus response, including the implementation of the COVID-19 Humanitarian Response Plan. Substantial increase in Government funding for the public health sector, strengthening the capabilities of facilities and health workers, and improving access to sexual and reproductive care is all the more critical in light of the pandemic, and in country-response plans a percentage of aid should be allocated specifically to SGBV services. Due consideration should also be given to the establishment of specific protocols for survivors to continue to be able to access services, including comprehensive health care, while mitigating the risks of COVID-19 transmission. Where feasible, information on referral pathways could be integrated into existing communications on COVID-19, noting that women and girls often have limited access to information due to restrictive social norms. In certain settings, this has been compounded by the closure of shelters and women-friendly spaces. The United Nation's Conflict-Related Sexual Violence Multi Partner Trust Fund of the UN Action network is a tool to channel funds for a coordinated response to CRSV. At this critical moment, continued donor support for the CRSV MPTF is essential in order to mitigate the impact of COVID-19 on the prevention of and response to sexual violence in conflict and post conflict settings.*

### ***Impact on rule of law and accountability for sexual violence***

Combatting impunity for sexual violence is a fundamental aspect of deterring and preventing such crimes. It is also a central element of providing redress for victims. It is anticipated that COVID-19 will have a significant and detrimental impact on all aspects of the rule of law response including accountability for CRSV. This includes limitations on the availability and capacity to receive and process reports on incidents of sexual violence by law enforcement and judicial authorities. Additionally, relevant investigative work, pre-trial hearings and trials are likely to be limited, causing justice to be delayed and thereby further undermining the confidence of survivors in judicial systems, and emboldening perpetrators. It is notable that court officials across many countries have been advised or instructed to remain home. And, difficulties accessing medical facilities may further impair

access to justice as survivors of sexual violence are unable to obtain medical reports which are a prerequisite to initiating legal processes in many justice systems.

As an early indication of the impact of the pandemic, an important investigation into a mass rape in the DRC was suspended due to concerns about COVID-19, and trials with large public attendance have been stalled due to restrictions in movement and physical distancing requirements.

The situation of detainees raises particular concerns in the context of COVID-19. In addition to the risk of contracting the virus, detainees may be exposed to an increased risk of sexual violence resulting from reduced humanitarian access and oversight, as well as heightened insecurity and constrained resources, in places of detention during the pandemic. In this regard women and child detainees, who are already at particular risk for sexual violence in such settings, may become acutely vulnerable.

On the other hand, it should be noted that in a number of contexts some convicted war criminals are opportunistically seeking release from prison or alternatives to incarceration, claiming that they are at high risk of contracting COVID-19. The release of perpetrators of grave crimes such as CRSV, including members of the national security apparatus, can pose significant danger to communities, particularly in the form of reprisals against victims and witnesses. In such contexts it is essential that any appeals for release of perpetrators of sexual violence or other serious human rights violations are stringently evaluated to ensure that these measures do not lead to impunity. Where national authorities are issuing guidance to drastically limit the number of people who are arrested and consequently detained as a measure to mitigate the spread of COVID-19 in detention facilities, or may be ordering the release of detainees and prisoners who have been charged with or convicted for lower offences in an effort to decongest prisons, it is important that such measures do not benefit individuals charged with or convicted of CRSV.

*It is essential that emphasis be placed on the development of specific mitigation plans and measures to ensure rule of law and accountability for sexual violence as part of the overall COVID-19 response. Alternative and/or additional sites to receive reports on incidents of sexual violence should be identified, ensuring access to justice to victims/survivors and measures to secure and preserve evidence should be considered. Executive or high judicial bodies may consider the issuance of release orders of certain low-risk, vulnerable and other categories of detainees and prisoners, including consideration to the release or furlough of female detainees and juveniles.*

***Acute vulnerability of refugees, IDPs and migrants to conflict-related sexual violence***

Women, girls and boys are acutely vulnerable to sexual violence in the course of displacement or migration and are at particular risk once in refugee or IDP camps. The potential spread of COVID-19 in refugee and IDP settings may exacerbate the already high risk of sexual violence in such situations, including increased intimate partner violence, potential of trafficking, forced prostitution and sexual exploitation as quarantine and other physical distancing measures impact economic and livelihood activities and impede basic humanitarian service delivery. Initial reports indicate that even where services are available in camps, survivors may be hesitant to take advantage of them due to rumors and misinformation circulating on COVID-19.

UNODC and IOM have already expressed concern over increased risk of trafficking as a consequence of the pandemic, including in locations such as Cox's Bazaar in Bangladesh where almost one million Rohingya refugees face acute vulnerability.

*Therefore, it is essential that the prevention and response to sexual violence be considered as a central aspect of the broader COVID-19 mitigation and response measures being put in place in the context of refugee and IDP settings and the global migration crisis. This includes ensuring the continued functioning of 'safe-spaces' for women and girls and service delivery in refugee camps and settlements.*

### ***Exposure to Sexual Exploitation and Abuse***

The context of extreme power inequalities and unequal power dynamics between aid workers and aid recipients render women and girls vulnerable to sexual exploitation and abuse. Dependency on aid for survival, and lack of accountability for perpetrators, are factors that contribute to its prevalence and serve as barriers to reporting. The current COVID-19 outbreak is likely to make existing protective strategies identified by women and girls— such as moving in groups or ensuring aid workers are accompanied when visiting refugee households—more difficult to implement. At the same time shortages in goods mean women and girls face more pressure to access these items for themselves and their households. Survival needs may lead to increased exploitation and protection risks, particularly of adolescent girls, including as a result of transactional sex as a negative coping mechanism.

*It is important to ensure that there are more women in response roles such as aid workers, as an aspect of mitigating sexual exploitation and abuse within aid efforts in general and in the specific context of the current pandemic.*

### ***Exacerbation of harmful practices such as forced and child marriage***

In the context of a global pandemic that threatens existing informal and formal support structures, and where families may seek to mitigate dire economic

consequences of COVID-19, forced and/or child marriage may increase. Such negative coping mechanisms are often prevalent in conflict settings and have been shown to be further exacerbated in context of public health emergencies. A 2018 UNICEF report indicated that this was indeed the case within the cholera response in Syria and Yemen.

*Enhanced monitoring and reporting of harmful practices such as forced and child marriages including in the ambit of the conflict-related sexual violence agenda may help to mitigate such risks in conflict and post-conflict settings.*

### ***Potential exacerbation of conflict and conflict-related violations due to the pandemic***

Finally, as COVID-19 puts already fragile governance, security, healthcare and rule of law institutions under even greater stress at the national level, there is the potential of the exacerbation of conflict dynamics in situations of concern on the Security Council agenda. This may, in turn, exacerbate incidents, patterns and trends of CRSV in these conflicts, and reduce international and media scrutiny. There are concerns, for example, that terrorist groups such as Al-Shabaab and Boko Haram have escalated attacks during the pandemic. Quarantines and emergency measures may also increase risks of abuse by State actors.

Training and dissemination on the prohibition of CRSV has been suspended due to the pandemic. For instance, an important training programme for the security sector in South Sudan that has been instituted pursuant to the Joint Communiqué signed by the Government of South and the Office of the Special Representative on Sexual Violence in Conflict in 2014, has been suspended indefinitely. Similarly, activities related to the implementation of a unilateral Communiqué issued by Sudan People's Liberation Army – In Opposition have also stalled due to the pandemic.

*In line with the Secretary-General's call for a global ceasefire, parties to conflict must refrain from employing tactics or methods of warfare such as the use of sexual violence in conflict at this time of global emergency, and CRSV should be included within the definition and monitoring and verification frameworks of ceasefire agreements. Special attention should be paid to contexts where parties listed for CRSV have endorsed the call of the Secretary-General, as is the case for example in Sudan where the Sudan Liberation Army/Abdul Wahid (SLA/ AW) recently agreed to a de facto ceasefire. It is also essential to ensure that continued emphasis is placed on the implementation of the range of survivor-centered prevention and response measures outlined by the Security Council in resolution 2467 (2019), including the engagement with state and non-state parties to conflict for concrete and time-bound commitments.*

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Ultimately, it is essential to sustain focus on the scourge of conflict-related sexual violence throughout the COVID-19 pandemic, so that in the long term, the normative, institutional and operational gains in the prevention of and response to CRSV are not reversed.

The Office of the Special Representative on Sexual Violence in Conflict will continue to gather information and evidence from the field on the impact of COVID-19 on preventive action and response programming, as well as mitigation and response measures that are being put in place by United Nations country presence and civil society partners. An empirically grounded, field-based analysis will be essential to inform policy and operations at this unprecedented moment.