



World Health
Organization

REGIONAL OFFICE FOR Europe

RESPONDING TO VIOLENCE AGAINST
WOMEN AND CHILDREN DURING
COVID-19

Impact on service provision, strategies
and actions in the WHO European Region



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ABSTRACT

This report explores the strategies led by government, nongovernmental and civil society organizations to prevent and respond to violence against women and children (VAWC) during the COVID-19 pandemic, and the impact of the pandemic on service demand across the WHO European Region. An assessment between 1 January and 17 September 2020 included a scoping review of publications and media reports, a survey distributed to the WHO European Healthy Cities Network and violence and injury prevention focal points, and interviews with key informants. Measures to prevent and respond to VAWC were taken by 52 Member States, the most common being the use of media to raise awareness of VAWC and provision of services through online platforms. There was a median reported increase in service demand related to VAWC of approximately 20% overall and 47% for services provided by nongovernmental organizations, contrasted with an increase of 6% for law enforcement services and a decrease of 8% for health and social services.

ISBN: 97-892-890-5640-3

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Suggested citation. Responding to violence against women and children during COVID-19: impact on service provision, strategies and actions in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2021. Licence: CC BY-NC-SA 3.0 IGO.

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ACKNOWLEDGEMENTS

This report was written by Heidi Stöckl (Institute for Medical Information Processing, Biometry, and Epidemiology, Ludwig-Maximilians-University, Munich, Germany) and Isabelle Pearson (Global Health and Development, London School of Hygiene & Tropical Medicine, London, United Kingdom); Nadia Butler (Public Health Institute, Liverpool John Moores University, Liverpool, United Kingdom); Zhamin Yelgezekova, Isabel Yordi Aguirre, Åsa Nihlén, Jonathon Passmore and Yongjie Yon (WHO Regional Office for Europe, Copenhagen, Denmark) and Zara Quigg (Public Health Institute, Liverpool John Moores University, Liverpool, United Kingdom).

Partners across the WHO European Healthy Cities Network and WHO violence and injury prevention focal points contributed data at a city and country level. Support in developing and implementing the assessment was provided by Rebecca Bates, Mark A Bellis, Charlotte Bigland and Marie-Claire Van Hout. Key informants provided additional details to the report for specific Member States: Germany, Israel, Kazakhstan, Malta, Republic of Moldova, the Russian Federation, Tajikistan, Ukraine and the United Kingdom.

ABBREVIATIONS AND ACRONYMS

A&E	accident and emergency department
CSO	civil society organization
EU	European Union
GBV	gender-based violence
HCN	WHO European Healthy Cities Network
IPV	intimate partner violence
NGO	nongovernmental organization
UNDP	United Nations Development Programme
VAC	violence against children
VAW	violence against women
VAWC	violence against women and children
VIP	violence and injury prevention



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EXECUTIVE SUMMARY

In 2019 infections of the novel coronavirus SARS-CoV-2 spread across the world, causing the COVID-19 pandemic. Countries enforced extensive public health measures to help to stop the spread of disease, including physical distancing and limiting movement. The profound and far-reaching impacts of the pandemic worldwide will be felt for many years to come. It is not uncommon for violence against women and children (VAWC) to increase during a pandemic, and COVID-19 has been no exception. Increased stress, the disruption of social and protective networks and the decreased access to services that accompanied the pandemic measures led to concerns that VAWC would rise. Evidence for this increase, described as the shadow pandemic, began to emerge, with many countries providing anecdotal evidence of an increase in violence soon after the implementation of lockdown measures. In response, various organizations involved in violence prevention were forced to rapidly adapt their methods of outreach and service provision both to cope with the potential increase in VAWC and to continue to provide services within the limits of government-imposed pandemic response measures.

This rapid assessment aimed to:

- explore changes in service demand related to VAWC during the COVID-19 pandemic across Member States of the WHO European Region; and
- examine measures taken by Member States to prevent and respond to VAWC during the pandemic.

The rapid assessment used a mixed methods design including a survey completed by representatives from the WHO European Healthy Cities Network (HCN) and national violence and injury prevention (VIP) focal points; key informant interviews with service providers and experts in the field of violence prevention; and searches of media reports, publications and grey literature published between 1 January and 17 September 2020.

Changes in service demand related to VAWC during the pandemic

In general, results varied depending on the source and across all violence types, including elder abuse, honour-based violence, intimate

partner violence (IPV), sexual violence, violence against women (VAW) and violence against children (VAC). Based on calls to helplines, there was an increase in demand for services provided by nongovernmental organizations (NGOs) during COVID-19 lockdown restrictions. However, health service data showed a decrease in demand related to all violence types, while police data showed mixed findings across Member States for VAWC but decreases in sexual violence and VAC, with the exception of an increase in online forms of child sexual abuse.

Measures taken to prevent and respond to VAWC during COVID-19

In 52 of the 53 Member States, at least one measure was implemented to prevent or respond to VAWC during the COVID-19 pandemic. A wide range of measures implemented by both governments and NGOs were identified. The dissemination of information and guidance through media campaigns was the most frequently reported measure, with awareness and outreach a common response of governments and NGOs. This was closely followed by measures to maintain and expand helplines and shelter services, with actions such as the provision of personal protective equipment and testing for staff and survivors and the implementation of remote working. The physical expansion of shelter services was facilitated through the use of hotels, apartment rentals and other available buildings. Key to allowing such adaptations was the rapid transition to online methods of service provision and remote working, along with coordination and collaboration between service providers. Coordination across services such as law enforcement and legal services was also frequently reported, ensuring that those at risk of VAWC were prioritized and, where necessary, given exemptions from strict stay-at-home orders and curfews.

The relative contributions of governments and NGOs

Certain types of measures were found to be more often implemented by NGOs than by governments. These included the direct provision of aid packages to those facing or at risk of violence, along with the implementation of perpetrator-focused measures such as helplines for those at risk of perpetrating violence. A key finding was that NGOs in some cases had to mitigate the negative impact of government-led pandemic responses. For example, NGOs often had to use their own resources in order to provide beneficiaries with transport to shelters during government-imposed bans on the use of public transport; furthermore, they sometimes had to assist beneficiaries in obtaining the necessary documents needed to leave the home during strict stay-at-home measures.

Conclusions and recommendations

The increase in VAWC during the restrictions and lockdowns imposed to combat COVID-19 was recognized by nearly all Member States in the Region, resulting in adaptations and/or increases in prevention and response strategies. The strength of existing public health systems influenced the requirement for and choice of strategies, and this has highlighted the need for sustaining and improving violence prevention and response services. Innovative strategies employed in several Member States, such as the expansion of helplines and shelters and the movement of resources to online methods, may offer opportunities to strengthen prevention and response in the near future and during similar emergencies. To protect women and children during both the current COVID-19 pandemic and future pandemics and emergencies, governments must ensure that steps are taken to create systems that protect women and children, particularly those facing dangerous home situations, from further harm when measures such as strict lockdowns and restricted movements are instituted.



INTRODUCTION

Background

VAWC is an important public health, gender equality and human rights issue shaped by a magnitude of interlinking factors such as economic stress, poverty, substance abuse and a lack of institutional support and sanctions (Box 1); it is further exacerbated by social factors that support harmful or traditional gender norms and power imbalances (1,2). Based on recent estimates by WHO, around 22% of ever-partnered women in the WHO European Region have experienced sexual and/or physical

violence by a partner and approximately 5% of women over the age of 15 years have experienced non-partner sexual violence (3). Further, a recent meta-analysis showed that globally at least 1 billion children experienced violence in the previous 12 months. In the WHO European Region, 12% of children aged 2–17 years were reported to have experienced violence in the previous 12 months, equivalent to 15.2 million children (4,5).

Box 1: Definitions of VAWC

Domestic violence is often used as an umbrella term to capture any violence in the family, yet it is frequently used in the media to denote IPV. Further, in some Member States it is also the term used in law enforcement data to cover incidents of IPV and other domestic assaults (e.g. parent-to-child violence). Wherever possible in this report, the correct and specific terms are used; if it was clear from the text or data that domestic violence referred to either IPV or VAC then these terms were used. The term domestic violence was only used when it was unclear what type of violence was captured and/or that is the specific term used by the data source (e.g. law enforcement flagging assault as domestic) to ensure accuracy of interpretation of administrative data.

VAC includes all forms of violence against people under 18 years of age, including child maltreatment, whether perpetrated by parents or other caregivers, peers or strangers. VAC can include physical, sexual and emotional violence as well as witnessing violence (6).

VAW is defined by the United Nations as any act of gender-based violence (GBV) that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (7).

There is increasing evidence that VAWC shares a range of common risk factors such as unsafe environments (e.g. community violence); family stress related to poor housing, unemployment and/or poverty; social isolation; poor mental health; and substance abuse (8). Both VAW and VAC are influenced by intersecting societal and gender norms that condone violent punishment and that reinforce gender inequality (9–11). Furthermore, similar negative health and psychological outcomes are experienced by those subjected to violence, including injuries and serious mental, physical, sexual and reproductive health consequences (12). Women who have experienced IPV are twice as likely to experience depression and alcohol use disorders, 16% more likely to suffer a miscarriage, 41% more likely to have a preterm birth and 1.5 times more likely to have a sexually transmitted infection or, in some regions, HIV (13,14). Critically, the experience of child maltreatment, a type of VAC, can increase the risk of both perpetuating child maltreatment and IPV and the victimization of IPV during adulthood (15,16). Therefore, preventing VAWC and/or addressing common risk factors will have benefits for both women and children (2,11).

During a pandemic, multiple factors can further increase the risk of VAWC. Increased stress can relate to economic insecurity, quarantine, social isolation and the increased burden of providing care and educational support during school closures, often while parents are trying to work from home themselves (17,18). Further, disruptions in social infrastructure, a reduction in health service availability and the inability of survivors to escape abusive relationships can all contribute to an increased risk of violence (19). Evidence shows that pandemics provide pathways for specific types of violence, such as incidents related to fears of being exposed to the virus; the virus being used to justify coercive and controlling behaviour; and increased exposure to violence within pandemic response efforts, including violence within health-care settings and against health workers, of which the majority are women (18,20,21).

The outbreak of COVID-19 has been no exception. With widespread school closures, the enforcement of home-based confinement,

the restrictions on movement and disruptions in health and social services, women's care burdens and at-home stressors have rapidly increased (17,19,22). These increased stressors combined with the diminishing of social and protective networks mean that the risk of VAWC has intensified for women and children who were already facing precarious home situations (23). China was the first country to impose a variety of strict physical distancing measures, and soon after implementation there was emerging evidence of an increase in reported VAWC (24,25). As more countries went into lockdown or imposed other physical distancing restrictions, there were increasing anecdotal reports of a rise in VAWC (18,26). For example, the media in France reported an 89% increase in calls to the national child danger hotline after one month of lockdown compared with a year earlier (27). In Spain, there was an increase of 47% in calls to the IPV helpline in the first two weeks of April 2020 compared with this period in 2019 (28). As a result, the United Nations and others called on governments to address the risk of increased violence within emergency response plans; this included increasing investment in online services and civil society organizations (CSOs), ensuring judicial systems continued to prosecute abusers, declaring shelters as essential services and creating safe ways for women and children to seek support (29).

WHO has issued clinical and policy guidelines on responding to IPV and sexual VAW (30) and recently released specific guidance to advise countries on how they can prevent and respond to VAWC during COVID-19 (31). For governments and policy-makers, guidelines recommend:

- that violence prevention and response are considered in all response plans and mitigation methods;
- paid sick, medical, family leave and affordable childcare for all essential workers are promoted;
- information is disseminated to the public regarding available services and increased risk factors;

- essential service providers within the community are made aware of signs that indicate violence;
- prevention of VAWC is supported by governments through enforcing rules and regulations around key risk factors for violence, such as alcohol, drugs and weapons; and
- efforts are made across sectors and with civil society to coordinate support, including referral to support services.

To support survivors, WHO recommends governments to:

- make provisions to allow those seeking help to safely leave the home; and
- ensure and expand helpline functions and identify ways of making services accessible remotely.

WHO guidance also includes advice to health system managers and health providers on how to focus on VAWC in the organization and delivery of health services, in data collection and through preventive health measures. WHO recommendations include providing information about services available locally (including opening hours, contact details and whether services can be offered remotely) and continuing to offer support and medical treatment for survivors of violence through the first points of contact in health facilities. In terms of prevention, health managers were advised to provide support and advice to parents and caregivers that would encourage self-care techniques to reduce stress and for avoiding risky substances such as alcohol and drugs, ensure that provision of mental health and substance use programmes were continued together with alternatives to face-to-face meetings and ensure that perpetrators have methods by which they can seek anonymous help (31).

Objectives of the rapid review

With these WHO recommendations on preventing and responding to VAWC during COVID-19 as a basis, the aim of this rapid assessment was to investigate what measures were taken by governments, NGOs and CSOs across Member States of the WHO European Region in the context of the COVID-19 pandemic during the first nine months of 2020. This study builds on the WHO Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children (32), the potential roles of the health system outlined in the Action Plan and the 2019 WHO Regional Office for Europe's baseline assessment on health systems response to VAW (33).

The rapid assessment aims to:

- explore changes in service demand related to VAWC during the COVID-19 pandemic across the 53 Member States; and
- examine measures taken by Member States to prevent and respond to VAWC during the COVID-19 pandemic.

This rapid assessment reports on two major findings:

- changes in service demand related to VAWC during the pandemic as identified through calls to helplines and NGO services and data collected by police and health services; and
- measures to prevent and respond to VAWC during the pandemic by governments, such as increasing levels of response (e.g. through provision of additional funding) or adapting services to meet the challenges presented through the pandemic (e.g. a move to online/ telephone-based service delivery).

Methodology

This rapid assessment included primary and secondary data collection using four key methods:

- a survey across the HCN and VIP focal points in WHO European Member States;
- interviews with key informants from governments, NGOs and academia across the WHO European Region;
- a review of media and other published literature; and

- collation and analysis of government and NGO data across the WHO European Region.

Study methods and tools were developed by the rapid assessment team in collaboration with WHO experts on gender equality, human rights and VIP. Full ethical approval for the study was obtained from the London School of Hygiene & Tropical Medicine. Consent forms were signed and returned to the study group in order for responses to the survey or the interviews to be included in the report.

● Survey

The survey was distributed via WHO across the HCN and VIP focal points in the WHO European Region to explore:

- the collection of data on VAWC, and reporting of VAWC and service use during and prior to the pandemic;
- perceptions of the impact of COVID-19 on levels of VAWC;
- strategies to prevent and respond to VAWC during the pandemic; and
- the impacts of COVID-19 on strategies to prevent and respond to VAWC.

The survey was available in English and Russian from July 2020, with data collected up to 17

September 2020 (Annex 1). HCN leads and VIP focal points were encouraged to contact other experts in their city/country to obtain information to support their answers to the survey, and WHO and rapid assessment team members were available to respond to enquiries and provide additional guidance. Surveys were returned from 36 participants representing 21 Member States. The survey was identical for both HCN representatives and VIP focal points. Survey responses were received from the following Member States: Austria, Azerbaijan, Bosnia and Herzegovina, Croatia, Czechia, Denmark, Finland, France, Georgia, Greece, Iceland, Italy, Luxembourg, Montenegro, North Macedonia, Norway, Portugal, the Russian Federation, Serbia, Spain and the United Kingdom.

● Interviews with key informants

Semi-structured interviews were conducted and recorded using Zoom with 12 key informants (from Germany, Israel, Kazakhstan, Malta, the Republic of Moldova, the Russian Federation, Tajikistan, Ukraine and the United Kingdom) involved in, or with expert knowledge of, violence prevention and response activities (including services, programmes and interventions) during and prior to the pandemic (Annex 2). Key informants were identified via the HCN/VIP focal point surveys and media review and included VAWC directors, NGO staff, a forensic medical doctor and a senior university researcher. The interviews explored similar questions to the

survey, including the impacts of COVID-19 on VAWC across different groups, the impacts on services/programmes/interventions and the strategies used to meet the challenges presented through the pandemic. Recordings of the interviews were used to write up a summary of the discussion before being deleted. Those interviewed could choose to remain anonymous and have their name removed from any transcription of the interview. Otherwise, those interviewed were named in the review outputs. Any quotes were checked for clearance with the interviewee before being included in this report.

● Review of media and published literature

Secondary data collection was based on a systematic search of media reports, journal articles and official organizational reports, including information from webinars and other expert meetings. Searches were conducted in English and Russian. A search of online news reports in English used the International Newsstream of ProQuest; OVID was used to

identify other relevant published literature. For the Russian language media reports, searches were conducted using East View Information Service and Yandex.ru, Radio Liberty's central Asian branches and Sputniknews. Annex 3 outlines the details of the search strategy and inclusion and exclusion criteria.

● Data extraction and management

The media and literature search resulted in 452 media reports providing examples of measures to respond to or prevent VAWC during COVID-19 or on levels of VAWC service demand during COVID-19, 25 publications and 158 unique reports from the grey literature (see Annex 3). Data were collected and collated for demand as described in Annex 3 to provide an overview of changes in service demand for each violence type (e.g. sexual violence) within each sector (e.g. health).

For measures, extracted data were collated as "government led and/or sponsored", "NGO and civil society" or "multiple" if a government and at least one NGO or CSO was involved. Measures led by local NGOs and CSOs together with external country governments or United Nations agencies were grouped as "NGO and civil society" and those funded by the European Union (EU) were considered "government led and/or sponsored". Measures were then grouped by topic codes. Annex 3 contains full details of the methodology.



FINDINGS

Key findings from the rapid assessment

- **Service demand** changes related to VAWC during the COVID-19 pandemic:
 - increased demand for NGO services, particularly telephone calls to helplines during lockdown or restrictions; but
 - decreased demand generally seen by police and health services across different forms of VAWC.
- **Measures** to prevent and respond to VAWC during the pandemic:
 - enhanced responses to address the anticipated rise in VAWC by nearly all government services (e.g. provision of additional funding);
 - adaption of services to meet the new challenges (e.g. online/telephone-based service delivery); and/or
 - use of NGO-led measures to fill gaps in government-led responses with these often having to mitigate the negative impacts of the national COVID-19 responses.

Impact of the pandemic and associated measures on service demand related to VAWC

● Available data

Reliable data on changes in levels of VAWC during the COVID-19 pandemic and the associated public health measures are relatively scarce across the WHO European Region and should be treated with caution because of the frequent lack of comparability in terms of measurements and reference time periods. This section presents an overview of some of the early trends emerging from the data available up to September 2020 regarding changes in service demand related to VAWC across different sectors, including police, health and NGOs.

The collected data were collated and then presented as percentage changes in service demand during the pandemic and associated lockdowns.

Data limitations

The data in this section should be interpreted with the following considerations.

- Changes in service demand may be related to factors such as service accessibility and confidence of those experiencing violence to call or contact the service; therefore, these data sources should not be interpreted as actual prevalence or incidence figures for VAWC during the pandemic.
- Although the data have been presented and grouped based on the data source (e.g. police-recorded data), direct comparisons cannot be drawn between Member States because of differences in factors such as legal definitions, recording practices or data quality. An additional issue is that data may relate to different time periods or measures (e.g. police data may include incidents, reports or crimes).
- Third sector data included reports, cases, calls, online chats and website visits. However, website visit data were excluded

from the figures presented as an increase in visits to websites does not necessarily reflect an increase in demand for a service.

- Data may relate to national or subnational levels (e.g. specific data for Wales included in United Kingdom data).
- The term VAWC and the terms for specific forms of violence (e.g. IPV or elder abuse) are used throughout this section when talking about the data more generally. Where a specific data source from a specific country is used (e.g. police data from the United Kingdom), term within that data source (e.g. domestic abuse) is used to ensure accurate reporting and interpretation of the data. However, there are several important considerations in interpreting the use of each of these terms. Data related to IPV or sexual violence may not be disaggregated by sex and so may include males and females. Data related to VAC may not be disaggregated by relationship to the perpetrator; therefore, figures may relate to both child maltreatment and youth violence. Data described as domestic abuse may not be disaggregated by relationship to the perpetrator and so could relate to any type of violence in the home including IPV, child-to-parent violence, sibling violence and so on.
- Comparison periods used to calculate the percentage change in service demand varied across the collected data points. Percentage change was calculated by either comparing with the same period in 2019 (limited by changes in seasonality) or the same time period before lockdown in 2020 (limited by changes in yearly trends). In some cases, the comparison period used to calculate the percentage change was not known. All data presented in this section detail which comparison period was used.

Overview of data

In the survey, 80.0% of participants reported that they were aware of data being collected on VAW (5.7% reported “don’t know”), and 60.0% were aware of data being collected on VAC (20.0% reported “don’t know”); yet few respondents

were able to provide access to these data or specify in what way this information was being captured. More detailed trend data (i.e. monthly or weekly figures) were primarily obtained from United Kingdom data sources; where available, preference was given to trend data from other Member States.

● Intimate partner violence

A relatively large amount of data related to IPV was found, with mixed results across sectors. Health data from the United Kingdom suggested decreases in service demand related to IPV. However, findings across the Region were mixed for police service demand, with figures from some Member States showing a decrease and others showing an increase. NGO data (mostly helpline calls) generally showed an increase in service demand related to IPV during the COVID-19 lockdown.

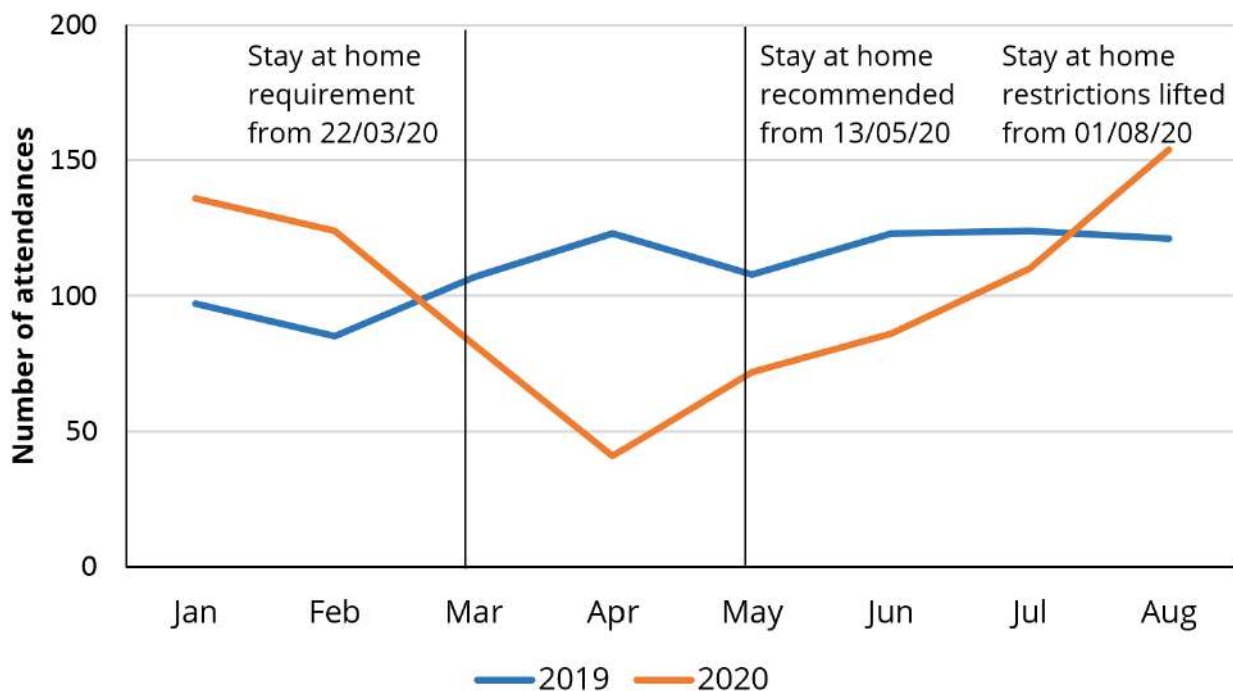
Health and social services

Relatively few data were available from Member States on the impact of the COVID-19 pandemic on changes in health and social service demand related to IPV. In the United Kingdom, data from accident and emergency departments

(A&E) suggested a decrease in attendances related to VAW during the lockdown phase. Police databases in the United Kingdom use the flag “domestic related” for assaults that may include any combination of family members as perpetrators or victims.

In Merseyside (United Kingdom), more women attended A&E for assaults in January and February 2020 (before lockdown) compared with the same period in 2019. When lockdown was implemented in March 2020, there was a 23.4% decrease in attendances, and a 66.7% decrease in April 2020 compared with the same period in 2019 (Fig. 1). Attendances remained lower in May, June and July 2020 compared with the same periods in 2019, before increasing in August compared with August 2019 (when lockdowns had eased).

Fig. 1. Women attending A&E for domestic-related assaults in Merseyside (United Kingdom), monthly trends 2019 and 2020



Source: data from the Trauma and Injury Intelligence Group, Public Health Institute, Liverpool John Moores University, 2020 (34).

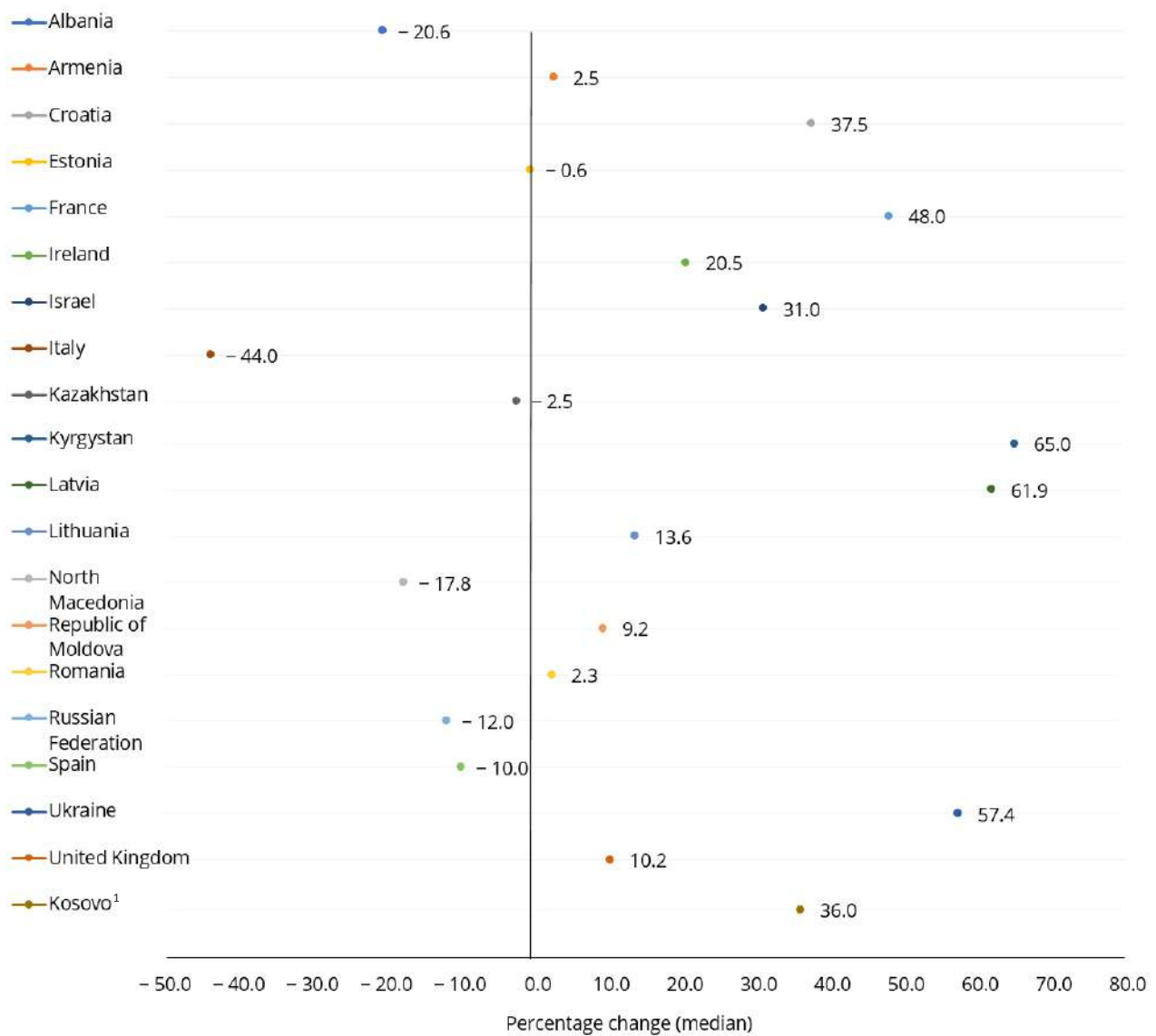
In South Wales (United Kingdom), there was a reduction of 27% in A&E attendances for domestic-related assaults (three-month rolling average) for the period April-June 2020, compared with the same period in 2019. However, overall there was a 46% reduction in all assault attendances across the same period; therefore, the overall proportion of domestic-related assault attendances increased.

Law enforcement and criminal justice services

More data were available for changes in demand related to IPV within police services during

the lockdown phase of COVID-19. Data were available from 19 Member States and Kosovo¹ that compared rates of IPV during lockdown in 2020 with the same period in 2019, with mixed results. The median percentage change varied, with some Member States as well as Kosovo showing a decrease and others showing an increase (Fig. 2). Fig. 3 shows all extracted data points regardless of the comparison period used to calculate percentage change; again the overall results were mixed both across and, sometimes, within countries.

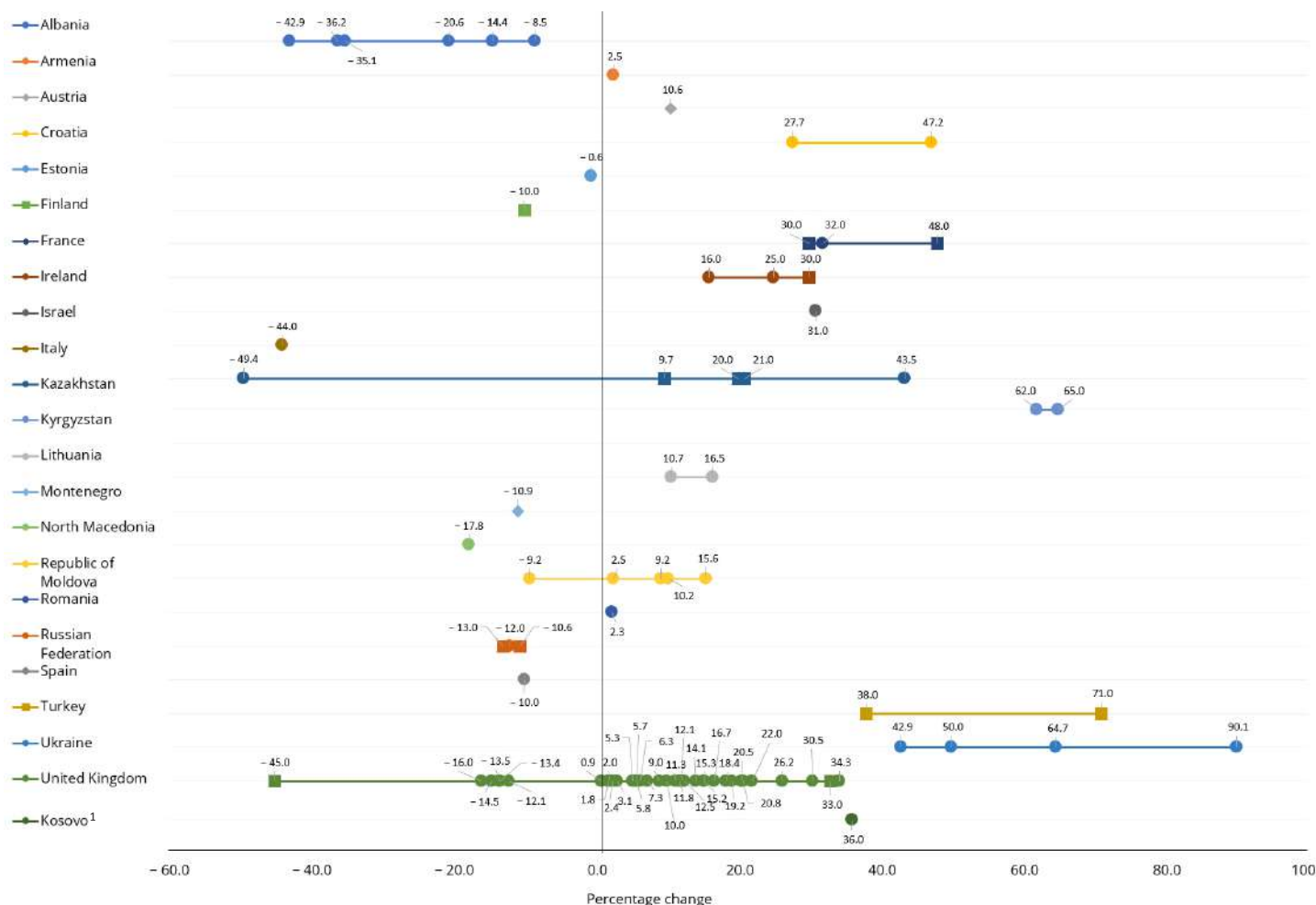
Fig. 2. Median percentage change in police service demand related to IPV in 20 countries and territories in 2020 compared with the same period in 2019



Source: data from the Trauma and Injury Intelligence Group, Public Health Institute, Liverpool John Moores University, 2020 (34).

¹ All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

Fig. 3. Percentage change in police service demand related to IPV in 21 countries and territories, all comparison periods^a



^aFor presentation purposes not all data points are given.

Note: ●: percentage change from same period in 2019; ◆: percentage change from same time period pre-lockdown in 2020; ■: comparison period unknown.

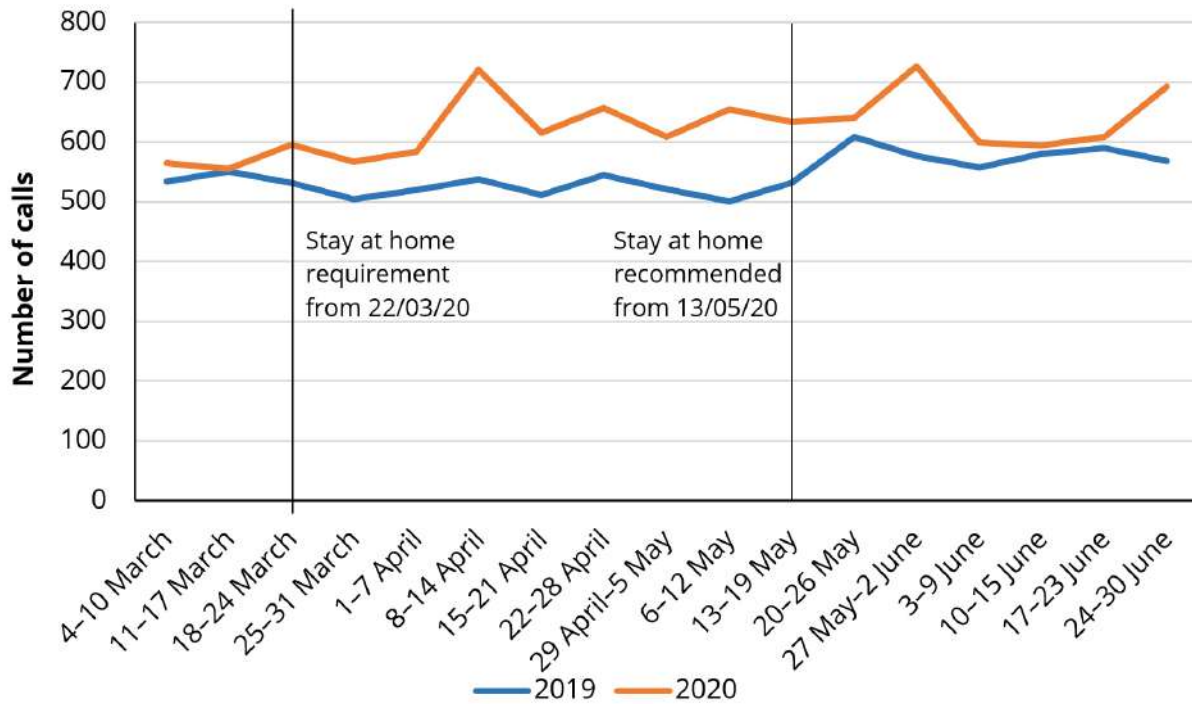
Source: data from the Trauma and Injury Intelligence Group, Public Health Institute, Liverpool John Moores University, 2020 (34).

Detailed trend data were available for Northern Ireland (United Kingdom). Calls recorded by police relating to domestic abuse showed that numbers were higher when stay-at-home requirements were implemented on

22 March 2020 compared with the same period in 2019. When stay-at-home requirements were relaxed to recommendations on 13 May 2020, figures remained higher compared with the same period in 2019 (Fig. 4).

¹ All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

Fig. 4. Police-recorded domestic abuse calls in Northern Ireland (United Kingdom), weekly trends 2019 and 2020



Source: Police Service of Northern Ireland, 2021 (35).

NGOs

A much greater amount of information was available for changes in service demand related to VAW from NGOs during the lockdown phase of COVID-19. Data from 10 Member States generally showed an increase in service demand related to IPV during lockdown in 2020 compared with the same period in 2019

(Fig. 5). Fig. 6 displays all extracted data points for each country, regardless of the comparison period used to calculate percentage change. While there were some data points that showed a decrease in service demand, overall the vast majority of data across Member States indicated an increase in third sector demand during lockdown.

Fig. 5. Median percentage change in service demand related to IPV for NGOs in 10 Member States in 2020 compared with the same period in 2019

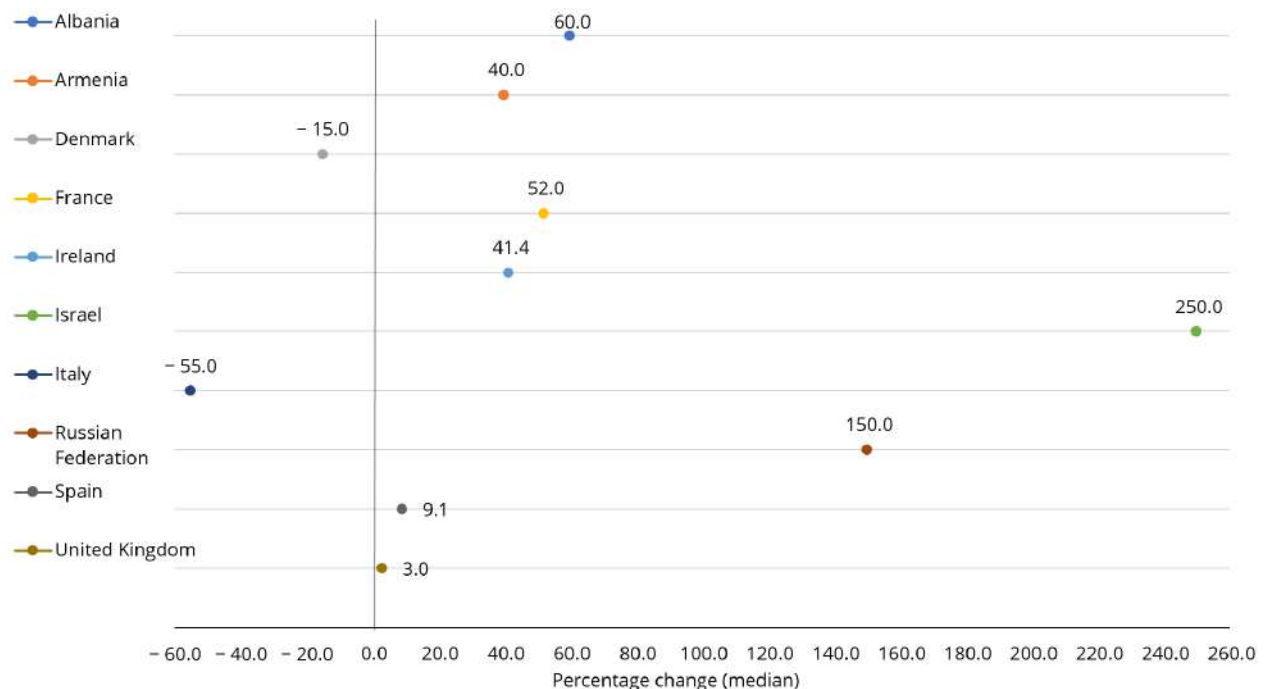
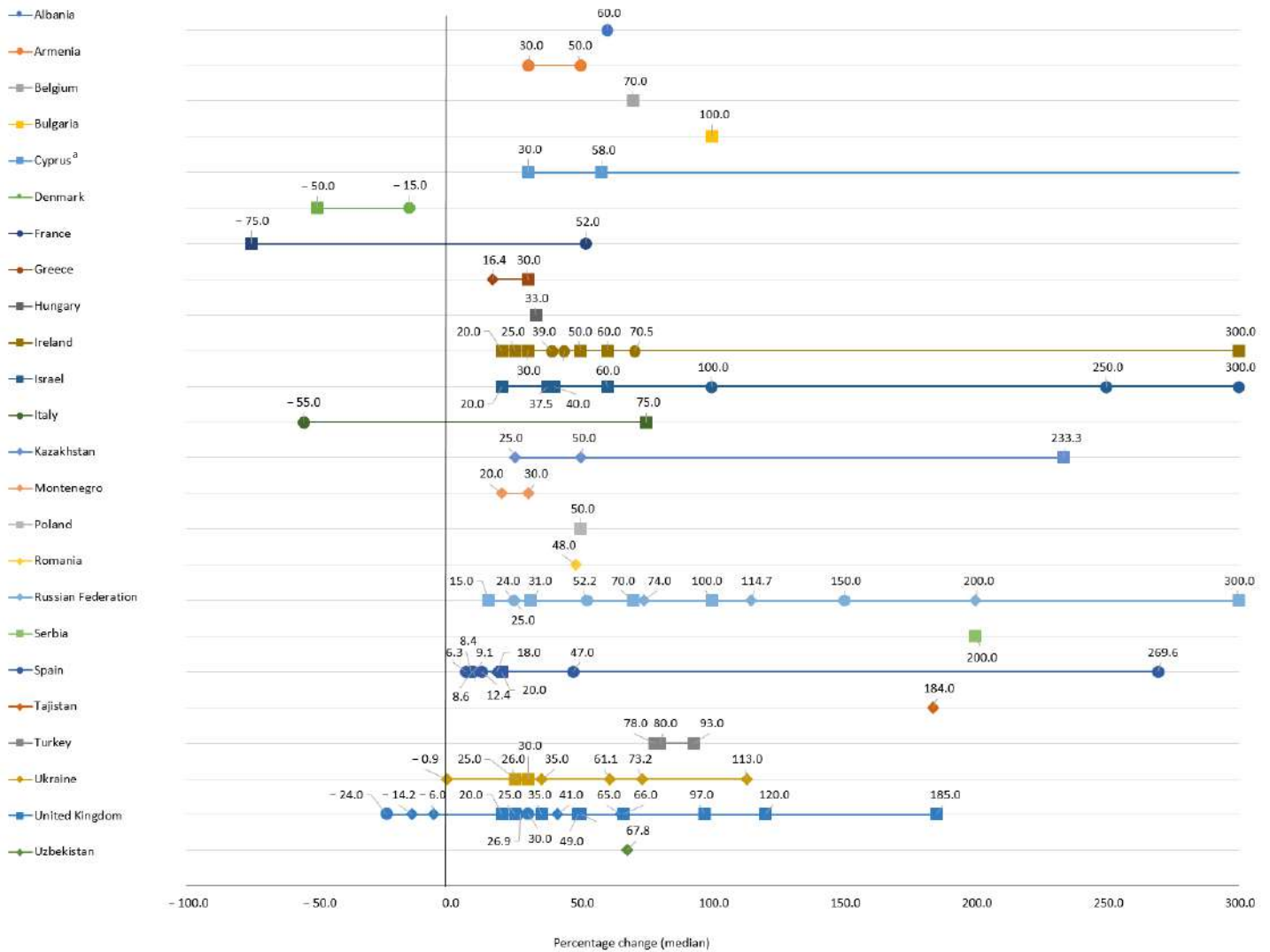


Fig. 6. Percentage change in service demand related to IPV for NGOs in 24 Member States, all comparison periods

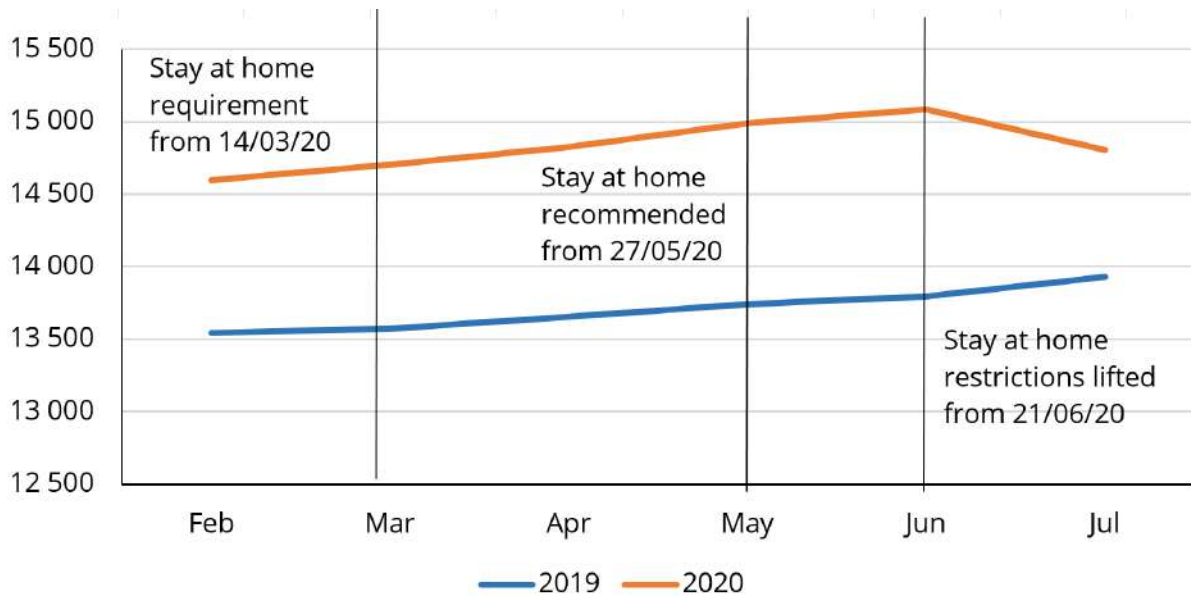


^a Additional data point for Cyprus not shown on scale; 900% increase (comparison period unknown);
 ●: percentage change from same period in 2019; ◆: percentage change from same time period pre-lockdown in 2020; ■: comparison period unknown.

More detailed trend data were available for Spain, which showed an increase in calls in 2020 in general compared with 2019, but the highest increases were seen during the months when stay-at-home restrictions were in place. ATENPRO (Attention and Protection Telephone Service for Victims of Gender Violence) is a telephone service that is not limited to female victims. In February 2020, calls to ATENPRO were 7.8% higher than in February 2019 even though this was before the implementation of

stay-at-home requirements on 14 March (Fig. 7). The percentage increases during March, April, May and June while lockdown was in place (8.4%, 8.6%, 9.1% and 9.4%, respectively) were even higher than the percentage increase in February (pre-lockdown). Following the lifting of restrictions on 21 June, the percentage increase in calls during July 2020 compared with July 2019 fell back to levels that were similar to those before lockdown (6.3%).

Fig. 7. Calls to ATENPRO in Spain, monthly trends 2019 and 2020



Source: Ministry of Equality, 2021 (36).

● Sexual violence

Although there was relatively few data identified on sexual violence, those that were available indicated a decrease in service demand related to sexual violence for police and health services, but an increase in calls to a United Kingdom NGO helpline for revenge porn.

Health and social services

Data on the impact of the COVID-19 pandemic on changes in health service demand related to sexual violence were only identified for Ireland, where data from sexual assault treatment centres showed a decrease in attendances during the lockdown phase of COVID-19. Attendance at the six sexual assault treatment units decreased by 47.5% for the period 12 March to 9 April 2020, compared with the same period in 2019.

Law enforcement and criminal justice services

Relatively few data were available on the impact of COVID-19 on changes in demand for police services related to sexual violence. Only one country (Norway) had data available on sexual violence that were disaggregated by age and sex. Police data on sexual violence were available for five Member States (France, Iceland, Norway,



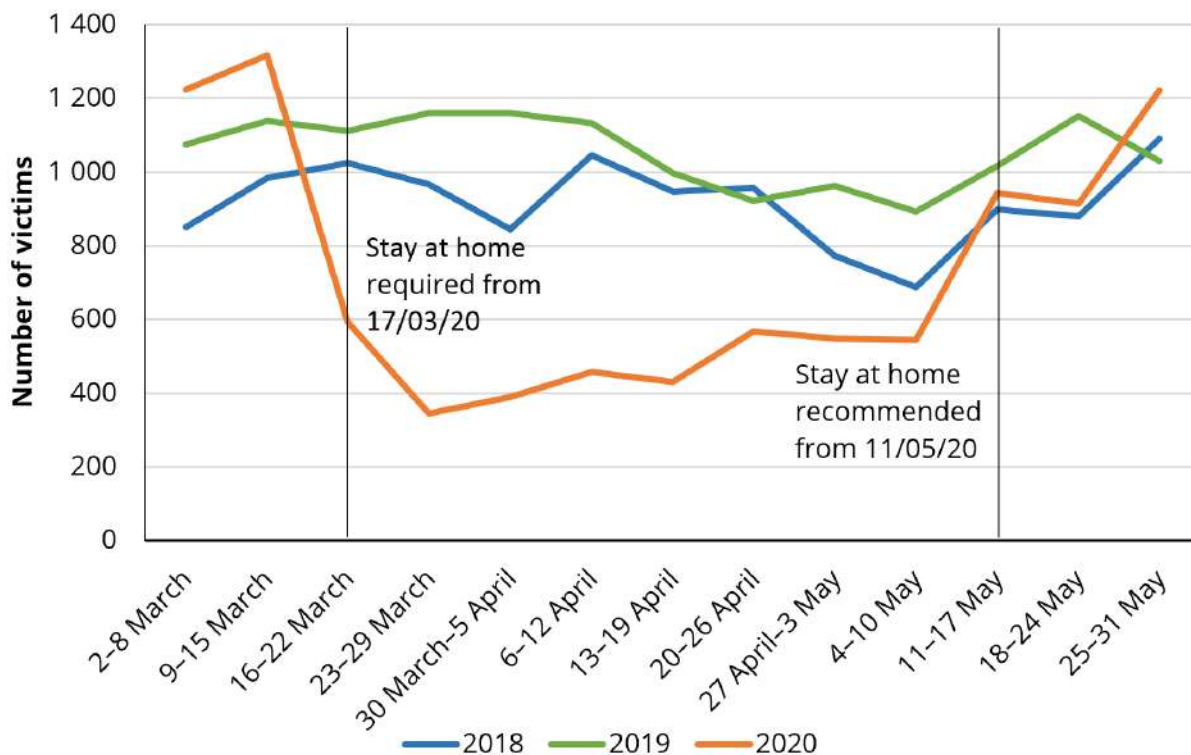
We had some more cases of sexual abuse during the lockdown but there hasn't been many more and it's not as visible. The increase is more related to the inaction of law enforcement representation during the lockdown and the postponing of the criminal investigations, due to the fact that courts and prosecutors' offices have been closed.

La Strada, Republic of Moldova

Spain and the United Kingdom) and in general showed a decrease in sexual violence during the lockdown phase of COVID-19 compared with the same periods in previous years.

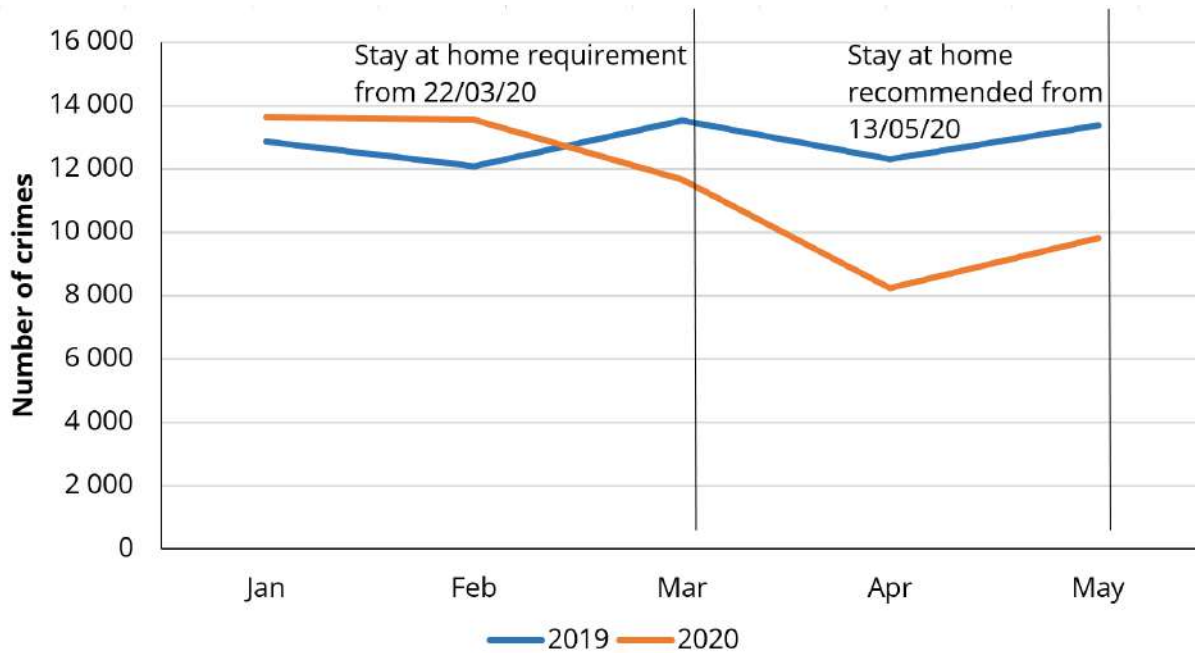
- In France, the number of police-recorded victims of sexual violence was higher in the two weeks before stay-at-home requirements were enforced in 2020 compared with the same periods in 2018 and 2019. Once stay-at-home requirements were implemented on 17 March, the numbers of police-recorded victims of sexual violence decreased by 46.8% and remained lower than the same periods in 2018 and 2019 until stay-at-home requirements were relaxed to recommendations on 11 May. Data after 11 May 2020 showed increasing numbers of victims of sexual violence; in the week beginning 25 May; numbers were higher than the same periods in 2018 and 2019 and close to pre-lockdown 2020 numbers (Fig. 8).
- In Iceland, police-recorded crimes and reports of sexual violence were 27.0% and 54.0% lower, respectively, during the period January–July 2020 compared with the three-year average for the same period.
- In Norway, police-registered cases of sexual violence against women aged 18 years or over were 36.8% lower during the period 12 March to 31 May 2020 ($n = 277$), compared with the same period in 2019 ($n = 438$).
- In Spain, police reports of sexual assault were 10.0% lower during the period January to April 2020, compared with the same period in 2019.
- In the United Kingdom, police-recorded sexual assault crime data for England and Wales showed that pre-lockdown numbers in January and February 2020 were higher compared with the same periods in 2019 but there was a 13.8% decrease in recorded crimes when lockdown was implemented in March 2020 compared with the same period in 2019. Crimes remained lower in April and May 2020 compared with the same periods in 2019 (Fig. 9). In Scotland, sexual assault crimes decreased initially in April and May compared with the same months in 2019 (by 26.0% and 26.4%, respectively) before increasing in June by 5.4% and in July by 7.7% compared with the same months in 2019.

Fig. 8. Police-recorded victims of sexual violence in France, weekly trends 2018, 2019 and 2020



Source: Service statistique ministériel de la sécurité intérieure, 2020 (37).

Fig. 9. Police-recorded sexual assault crimes in England and Wales (United Kingdom), monthly trends 2019 and 2020



Source: Office for National Statistics (38).

NGOs

There were relatively few data from NGOs that related specifically to sexual violence. However, data from the United Kingdom suggested that calls related to revenge porn increased during lockdown, with a particular increase in the number of female victims reporting sextortion (blackmailing the victim with threats of publishing images as a way of financial extortion). Calls to the Revenge Porn Helpline, a national service run by the South West Grid for

Learning to support adults experiencing intimate image abuse, were almost twice as high in April 2020 compared with the same period in 2019. Between August and October 2020, the helpline saw an 89% increase in cases. Overall in 2020 there was a 54% increase in cases compared with the same periods in 2019. The majority of those who called in were female, except for calls related to sextortion; however, the proportion of women reporting sextortion increased during lockdown.

● **Elder abuse**

The only Member State with data on service demand related to elder abuse during the pandemic was the United Kingdom, with no data specifically for women. Law enforcement and NGO data showed an increase in reports of elder abuse to police and an increase in calls to a helpline for older adults.

Law enforcement and criminal justice

In Wales (United Kingdom) data on violence against the person for individuals over 65 years of age showed an overall increase in reporting levels. Three regional police forces showed an overall increase in the number of reports,

with the percentage change from 23 March to 23 August ranging across forces from 7.0% to 21.1%, compared with the same period in 2019. One regional police force reported an 8.0% decrease for the same period.

NGOs

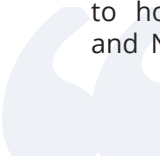
Data on the impact of the pandemic on changes in NGO service demand related to elder abuse was only identified for the United Kingdom,

where data showed an increase in calls to helplines. Calls to Hourglass, the national charity dedicated to tackling harm and abuse of older people, were 32% higher in July 2020, with a partial lockdown, compared with the same period in 2019. Psychological abuse was the most commonly reported form of abuse, accounting for 40% of calls, followed by financial abuse (32%) and neglect (17%). Physical violence accounted for 10% of calls and 1% of calls were related to sexual violence.

● Honour-based violence

Only the United Kingdom had any data on the impact of COVID-19 on service demand related to honour-based violence. Law enforcement and NGO data showed an overall decrease in

reports of honour-based violence to police and a decrease in the number of victims of honour-based violence contacting a specialist support service.



We did not really experience a reduction in calls with the majority of clients we serve. Where we did see a sharp decline was around so called «honour» crimes as girls and young women who are affected by this are under a lot of control and surveillance and school is essential for them to have contacts outside their families. Without schools, they are very difficult to reach. We had to stop our work in schools during the COVID-19 restrictions and still have not been able to take it up again.

Frauenrecht ist Menschenrecht, Germany

Law enforcement and criminal justice

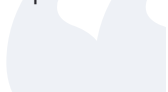
Data on the impact of COVID-19 on changes in police service demand related to honour-based violence were only identified for Wales (United Kingdom), where data showed a decrease in reports. Three regional police forces showed a decrease in the number of reports of honour-based violence, with the percentage change across these forces ranging from 7.0% to 21.1% between 23 March and 23 August, compared with the same period in 2019. One regional police force reported no change for the same period.

NGOs

In the United Kingdom, a survey of specialists in domestic abuse and honour-based violence services for the Black, Asian and minority ethnic communities found an average increase of 162% in cases across services. This increase was driven by an increase in cases related to domestic abuse, with a decrease reported in the number of victims of honour-based abuse, forced marriage and female genital mutilation contacting the services. There were also fewer referrals from safeguarding statutory professionals, such as police, social workers and teachers, compared with before lockdown (39).


● VAC

In general, data from police, health and social services showed decreases in the number of referrals, reports and attendances related to VAC during the pandemic. However, data from Europol indicated an increase in online child sexual abuse during the pandemic, while NGO data suggested an increase in calls to helplines for children during lockdown. None of the services provided sex-disaggregated data for VAC, despite the known difference in experiences of VAC for boys and girls.



In March 2020 we have had 6812 calls on violence against children – in one month. In February 2020 we had 1629. So, there was a six times increase in number of calls from children.

La Strada, Ukraine



We see increases in sexual violence against minors. Those cases were always underreported, but now it is even more hidden. Often perpetrators in those cases are family members (uncles, grandfathers, fathers).

Gulrukhsor, Tajikistan

Health and social services

Relatively few data were available from Member States in the WHO European Region on the impact of the COVID-19 pandemic on changes in health service demand related to VAC. Hospital data from the United Kingdom were mixed during the lockdown phase, with a decrease in attendances at A&E for child assault and in child protection medical examination referrals, but an increase in the incidence of abusive head trauma in children. Social service data from the United Kingdom and Ireland also showed mixed changes, with a decrease in the number of suspected cases of VAC referred to social services in Ireland but an increase in the number of referrals made to fostering services in the United Kingdom.

In Ireland, there was a 39% decrease in the number of suspected child abuse cases referred to Tulsa, the national Child and Family Agency, from January to April 2020 compared with the same period in 2019.

In the United Kingdom, there was a 44.2% increase in the number of referrals to Barnardo's fostering services between 1 March and 23 April 2020 ($n = 2349$), compared with the same period in 2019 ($n = 1629$). Critically, in the same period, there was a 47% decrease in the number of enquiries about becoming foster parents.

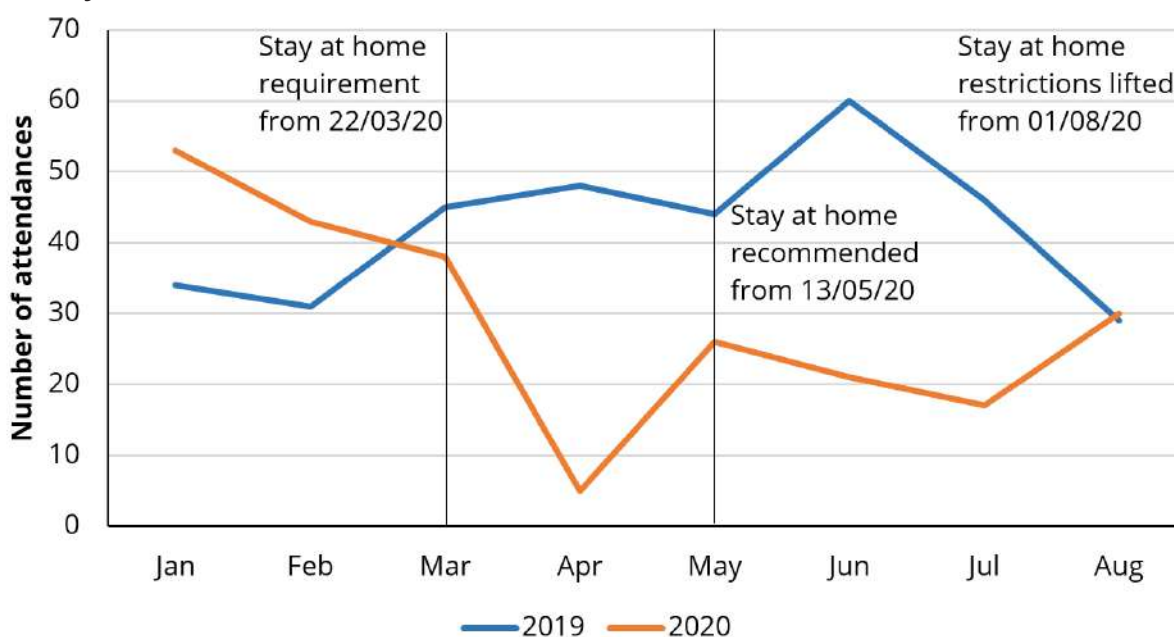
Data from health and social services are available from three areas in the United Kingdom: Birmingham, London and Merseyside.

- In Birmingham, examination of child protection medical examination records from February to June during 2018–2020 found a 39.7% reduction in referrals from 2018 to 2020, and a 37.3% reduction from 2019 to 2020 (40). The proportion of referrals initiated by school staff decreased from 47% and 53% of all referrals in 2018 and 2019, respectively, to 26% in 2020. A similar study of child protection medical examination records in north-west England found a 56.7% and 74.0% decrease in referrals during April 2020, compared with the same periods in 2019 and 2018, respectively (41).

- In London, a study of the incidence of abusive head trauma in children (defined as inflicted intentional injury in infants and young children) found that 10 children had been treated between 23 March and 23 April 2020, compared with a hospital monthly average of 0.67 during the previous three years (42).
- In Merseyside, attendances at A&E for child assault (0–17 years) were higher in January

and February 2020, before lockdown, than in the same period in 2019. However, when lockdown was implemented in March 2020 there was a 15.6% decrease in attendance and a 89.6% decrease in April 2020 compared with the same periods in 2019 (Fig. 10). Attendances remained lower in May, June and July 2020 compared with the same periods in 2019, before returning to similar levels in August.

Fig. 10. Attendances at A&E for child assault (0–17 years) in Merseyside, United Kingdom, monthly trends 2019 and 2020



Source: data from the Trauma and Injury Intelligence Group, Public Health Institute, Liverpool John Moores University, 2020 (34).

Law enforcement and criminal justice

Data on the impact of COVID-19 on changes in police service demand related to VAC was only identified for Wales (United Kingdom), where data from four regional police forces showed an overall decrease in the number of reports of child abuse and neglect, decreases ranging from 8.2% to 47.7% across these forces from 1 January

2020 to 27 September 2020 compared with the same period in 2019. Over the same period, there was a percentage decrease ranging from 10.0% to 20.6% in the number of sexual offences against children.

Data from the EU’s law enforcement agency Europol has suggested an increase in online child sexual abuse (Box 2) during COVID-19.

Box 2. Online child sexual abuse material

During COVID-19, Europol monitored various indicators to assess the extent of online child sexual abuse material over the COVID-19 pandemic. While the data had limitations, there were strong indications of an increase in the number of cases of online child sexual abuse; the number of referrals from National Centre for Missing and Exploited Children; the number of attempts to access online child sexual abuse material; activity on peer-to-peer networks (used by offenders to share material); the number of reports from the public to law enforcement; the volume of new posts on online forums related to child sexual abuse; and activity on dark web forums (where child sexual abuse material is hosted) (43).

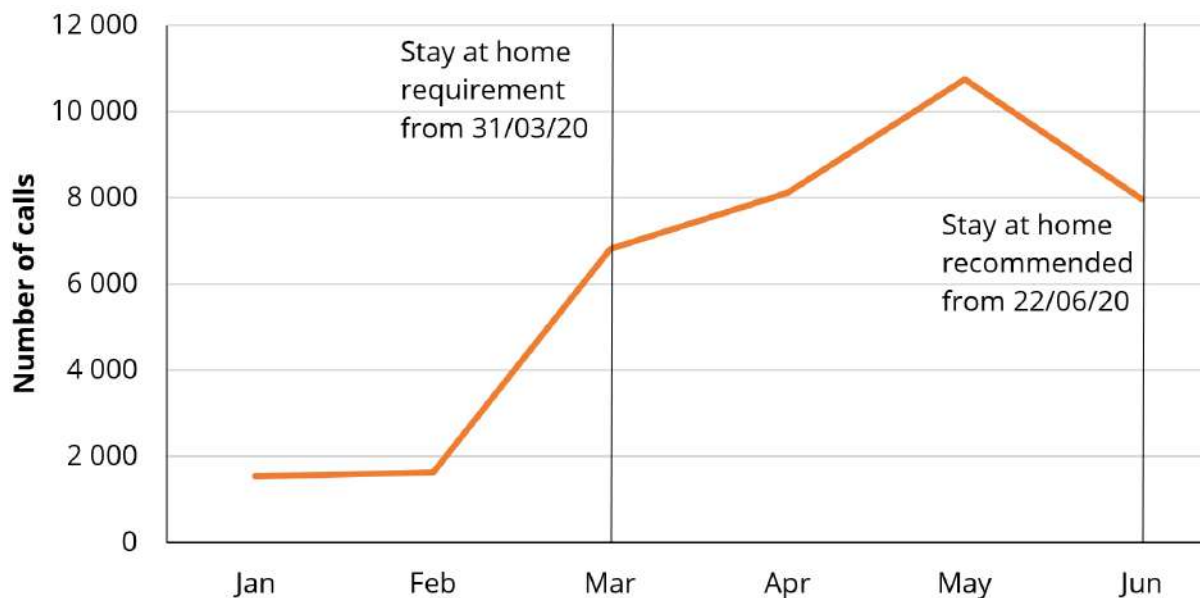
NGOs

There were relatively few data of good quality from third sector sources related to VAC during the pandemic although reports from Austria, France and the Ukraine suggested that there was an increase in calls to helplines during the lockdown phase of COVID-19.

- In Austria, calls and online requests to the national helpline Rat Auf Draht 147 were 6.9% higher during the first half of 2020 ($n = 1533$) compared with the same period in 2019 ($n = 1434$).

- In France, there was a 56.1% increase in the number of calls to the National Child in Danger Line between 16 March and 10 May 2020 compared with the same period in 2019. The number of calls that were marked urgent also increased by 87.1% during the same period compared with 2019.
- In the Ukraine, the number of calls to the National Child Toll-free helpline was higher in March, April and May 2020, when stay-at-home requirements were enforced, compared with January and February 2020, before falling again in June 2020 when stay-at-home requirements were relaxed to recommendations (Fig. 11).

Fig. 11. Calls to the National Child Toll-free Helpline in Ukraine, monthly trends 2020



Source: La Strada-Ukraine, 2021 (44).

Perceived changes in levels of VAWC and related service demand during the lockdown phase

Survey participants ($n = 36$; Member States, $n = 21$) were asked about their perceptions about whether there had been changes in the levels of VAWC in their country during the lockdown phase of the COVID-19 pandemic. Overall, approximately one third of participants reported a perceived increase in VAWC in their

country during lockdown (Fig. 12 and 13). Survey participants were also asked whether they were aware if data were being collected in their country on VAWC among vulnerable groups. In general, most participants were not aware of specific information being collected on the vulnerable groups listed (Fig. 14).

Fig. 12. Perceived changes in levels of VAW during the lockdown phase of COVID-19, survey data

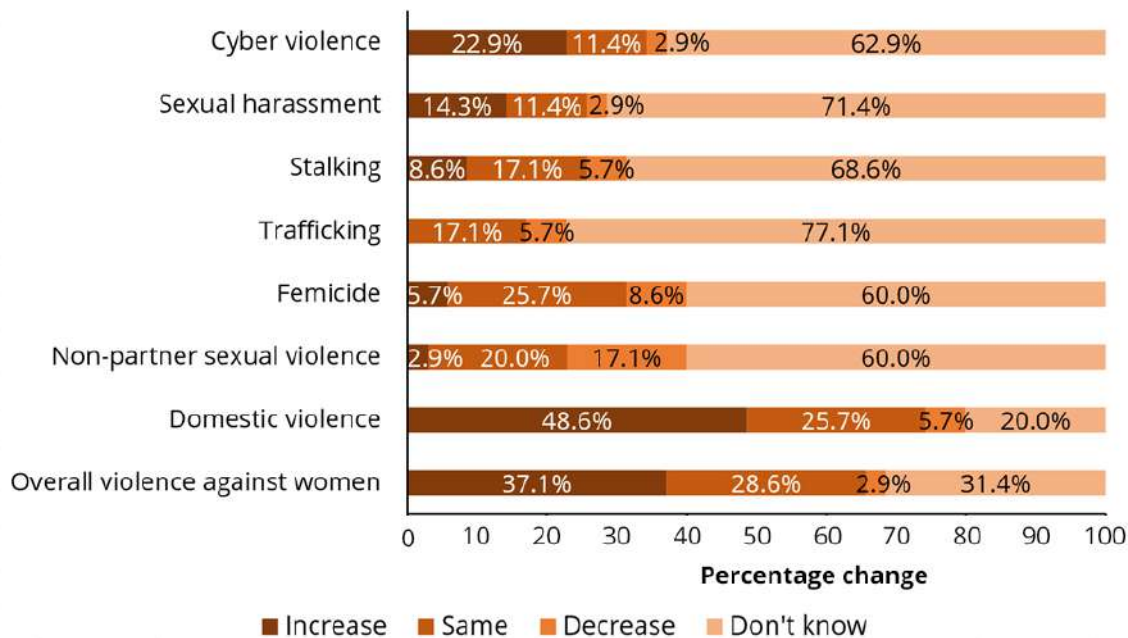


Fig. 13. Perceived changes in levels of VAC during the lockdown phase of COVID-19, survey data

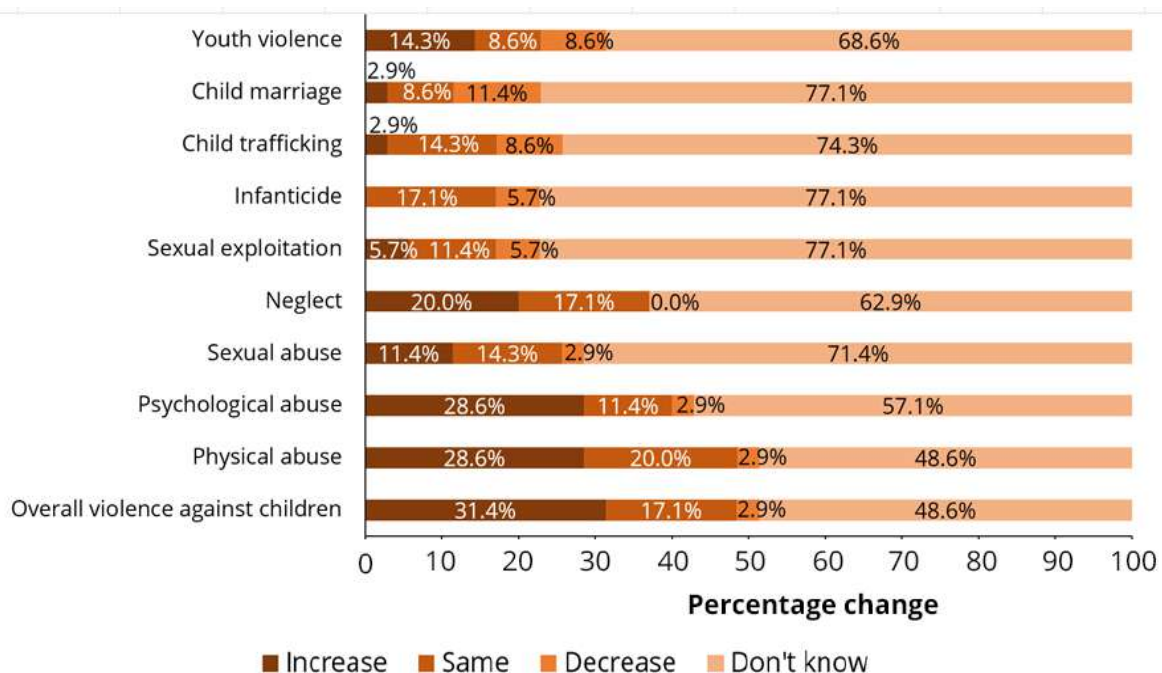
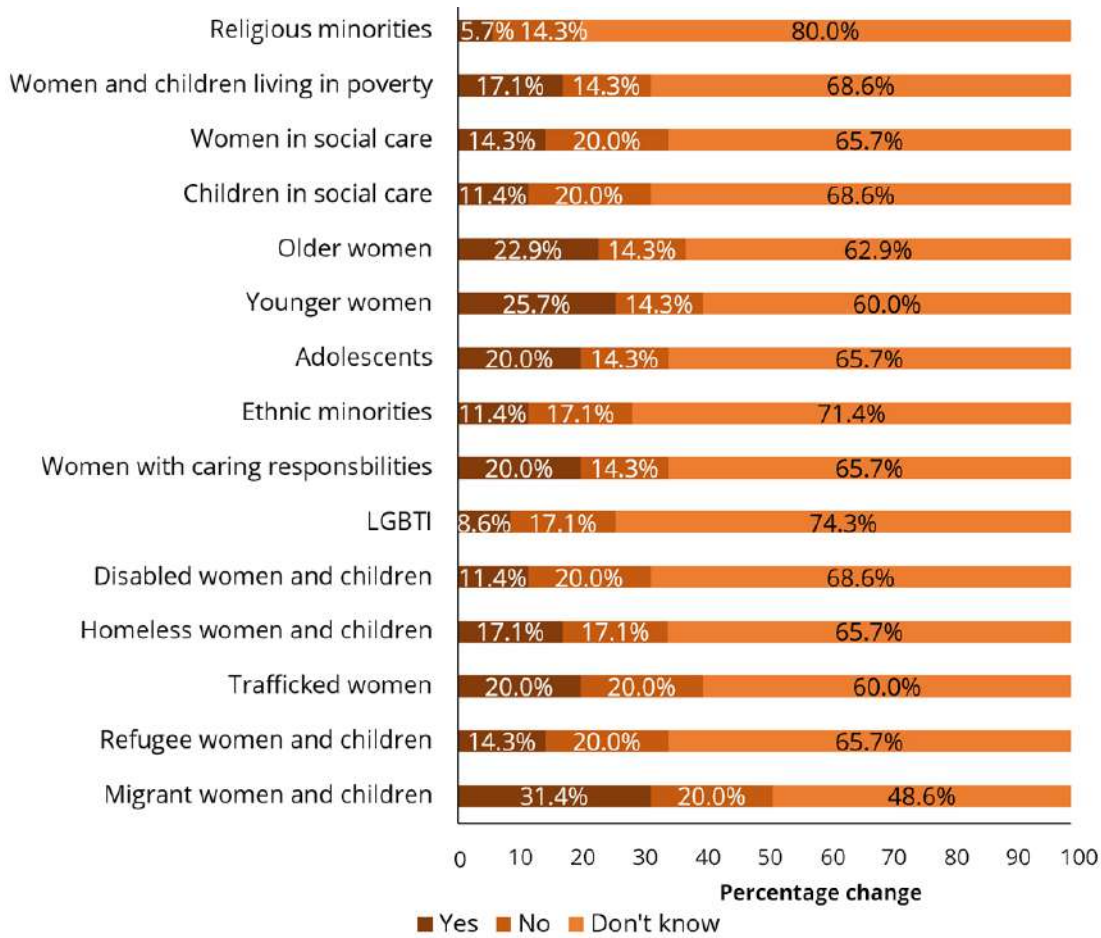


Fig. 14. Data collection specific to VAWC among vulnerable groups during the lockdown phase of COVID-19, survey data

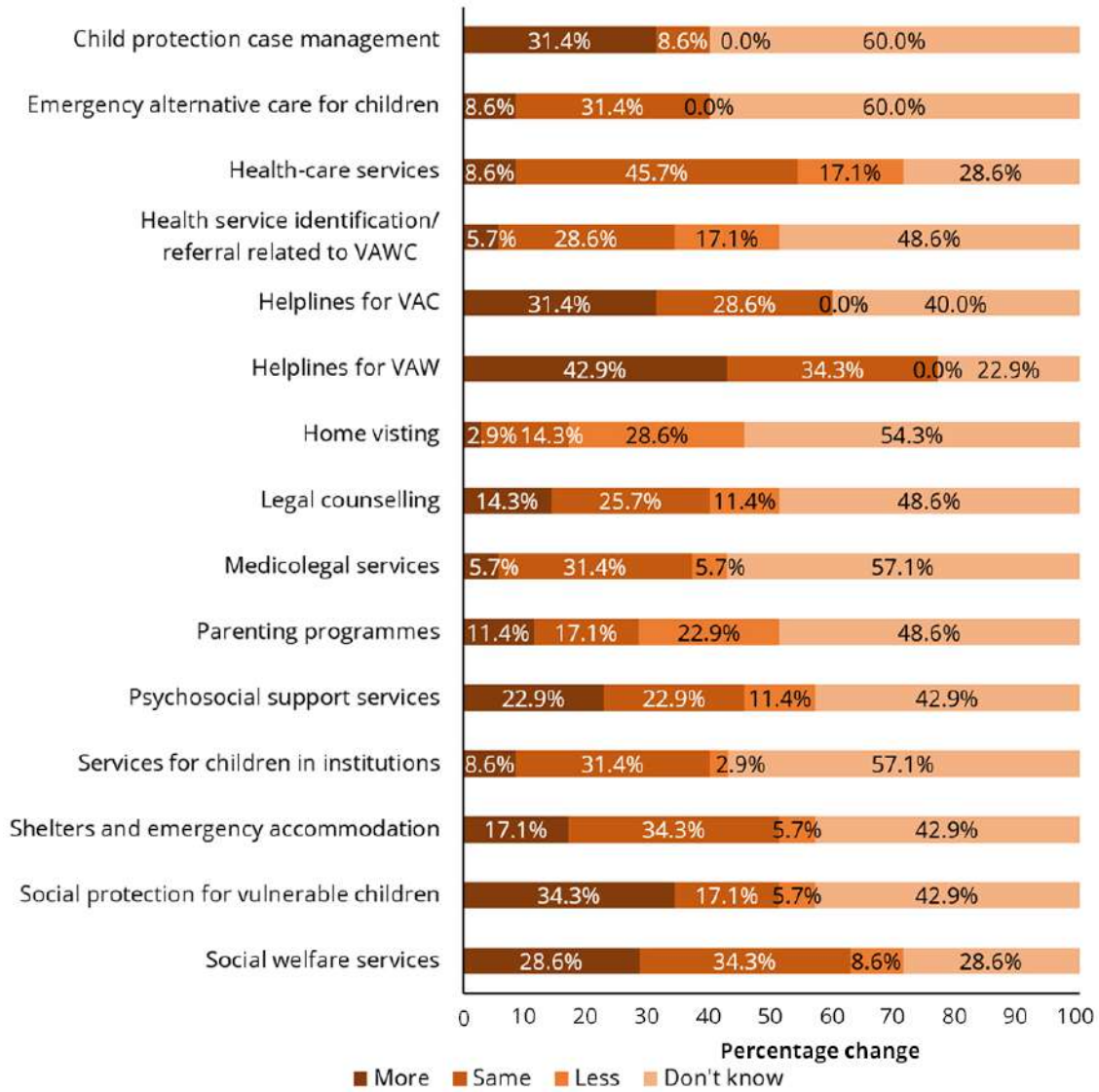


Note: LGBTI: lesbian, gay, bisexual, transgender, intersex.

Survey participants were also asked about their perceptions related to changes in demand for health and social care services for VAWC during the COVID-19 pandemic. Overall, 42.9% of participants perceived that service demand had increased for helplines for VAW, and 31.4% for helplines for VAC (Fig. 15). Over 20% participants perceived that service demand had increased in relation to social protection for vulnerable children, child protection case management, social welfare services and psychosocial

support services. Up to 60% of participating HCN representatives and VIP focal points reported that they did not know the answer to that question. There were a high number of participants who reported “don’t know” across the HCN survey. This should not be interpreted as a lack of knowledge per se but is more likely an indication that data are not available or easily accessible to the respondent or that the respondent is not sure whether such data exist in their city/country.

Fig. 15. Perceived changes in health and social care service demand related to VAWC, survey data



Measures to prevent and respond to VAWC during the pandemic

WHO has issued clinical and policy guidelines on responding to IPV and sexual VAW (30) and recently released specific guidance to advise Member States on how they can prevent and respond to VAWC during the COVID-19 pandemic (31). Using these WHO recommendations as a basis, this study investigated what measures were being taken by governments, NGOs and CSOs across

Member States in the context of the COVID-19 pandemic during the first nine months of 2020. Table 1 provides an overview of the types of measures reported in Member States, covering policy coordination and outreach, response services, legal measures and support, and service coordination. These are discussed in more detail below.

Table 1. Reported measures in Member States of the WHO European Region (categorized by type, number of Member States and percentage of Member States)

Measure	No. Member States where measure reported (%)	Measure from (No. (%))				
		National government	Regional government	NGO	Multiple	Unclear
Policy coordination and outreach						
Media campaign/information dissemination	47 (88.7)	37 (69.8)	6 (11.3)	24 (45.3)	4 (7.5)	8 (15.1)
Official guidance/policy	28 (52.8)	25 (47.2)	0	0	8 (15.1)	0
Advocacy	11 (20.8)	3 (5.7)	2 (3.8)	8 (15.1)	0	0
Creation of taskforce	7 (13.2)	6 (11.3)	1 (1.9)	0	1 (1.9)	0
Community/corporate fund-raising	3 (5.7)	0	0	3 (5.7)	0	0
Response services						
Helpline expansion/maintained	42 (79.2)	32 (60.4)	3 (5.7)	19 (35.8)	2 (3.8)	17 (32.1)
Shelter expansion/maintained	38 (71.7)	23 (43.4)	8 (15.1)	15 (28.3)	6 (11.3)	12 (22.6)
Move resources online	37 (69.8)	13 (24.5)	2 (3.8)	24 (45.3)	4 (7.5)	10 (18.9)

Table 1. contd

Measure	No. Member States where measure reported (%)	Measure from (No. (%))				
		National government	Regional government	NGO	Multiple	Unclear
Response services (contd)						
Provision of apps and online support for VAWC	14 (26.4)	12 (22.6)	0	5 (9.4)	0	2 (3.8)
Financial/goods support	13 (24.5)	5 (9.4)	1 (1.9)	9 (17.0)	1 (1.9)	1 (1.9)
Extra funding for NGOs	12 (22.6)	10 (18.9)	1 (1.9)	3 (5.7)	0	0
Proactive contact with survivors	11 (20.8)	7 (13.2)	2 (3.8)	4 (7.5)	0	0
Emergency mobile teams	3 (5.7)	1 (1.9)	0	1 (1.9)	1 (1.9)	0
Monitor past perpetrators	3 (5.7)	0	0	3 (5.7)	0	1 (1.9)
EU funding	2 (3.8)	2 (3.8)	0	0	0	0
Testing for survivors	2 (3.8)	1 (1.9)	0	1 (1.9)	0	0
Open air face-to-face appointments	2 (3.8)	0	0	2 (3.8)	0	0
Other support for VAWC centre staff	3 (5.7)	1 (1.9)	0	2 (3.8)	1 (1.9)	0
PPE/testing for VAWC staff	12 (22.6)	7 (13.2)	0	6 (11.3)	0	1 (1.9)
PPE for police	1 (1.9)	1 (1.9)	0	0	0	0
Legal measures and support						
Exempt from lockdown measures	12 (22.6)	10 (18.9)	1 (1.9)	1 (1.9)	0	1 (1.9)
Fast track/prioritize/extend legal processes	16 (30.2)	14 (26.4)	0	2 (3.8)	1 (1.9)	3 (5.7)
Eviction of perpetrator	5 (9.4)	3 (5.7)	0	0	0	3 (5.7)
Police prioritize domestic violence cases	3 (5.7)	3 (5.7)	0	0	0	0
Alcohol ban	1 (1.9)	0	1 (1.9)	0	0	0

Table 1. contd

Measure	No. Member States where measure reported (%)	Measure from (No. (%))				
		National government	Regional government	NGO	Multiple	Unclear
Service coordination						
Pharmacy help point	13 (24.5)	3 (5.7)	3 (5.7)	5 (9.4)	1 (1.9)	8 (15.1)
Raise police awareness	8 (15.1)	8 (15.1)	0	0	1 (1.9)	0
Childcare provision	4 (7.5)	1 (1.9)	1 (1.9)	1 (1.9)	0	1 (1.9)
Postman check in	3 (5.7)	3 (5.7)	1 (1.9)	1 (1.9)	0	1 (1.9)
Supermarket/shop help point	4 (7.5)	2 (3.8)	0	2 (3.8)	0	2 (3.8)
Ensure provision of existing sexual and reproductive health services	5 (9.4)	2 (3.8)	1 (1.9)	0	0	2 (3.8)
Free transport	3 (5.7)	0	0	3 (5.7)	0	0
Police codeword	1 (1.9)	1 (1.9)	0	0	0	0
Dentist guidelines for telephone assessment	1 (1.9)	0	0	1 (1.9)	0	0
Other service coordination	4 (7.5)	0	0	3 (5.7)	2 (3.8)	0

PPE: personal protective equipment.

● Policy coordination and outreach

Media campaigns and information dissemination led by governments

The most frequently reported government measures were media and information dissemination campaigns, which were reportedly used by governments at the national level across 37 Member States. The most frequently used channels for information dissemination were television, radio and social media.

- The Andorran Government actively broadcasted information regarding VAWC services through its Department of Communication.
- Austria, Georgia, Malta and Slovakia all posted flyers and informative posters in pharmacies and/or supermarkets regarding how to seek help if facing abuse during COVID-19 (45).

- In Croatia, the Ministry of Justice partnered with the City of Zagreb Child and Youth Protection Clinic to conduct the Behind the Door campaign to prevent VAWC during the pandemic (45).
- The Irish Department of Justice Equality collaborated with frontline services to develop television, radio and social media advertisements highlighting their continued support for those subjected to abuse (46).
- In Poland, NASK, a state-owned research institute under the Ministry of Digitalization, published online articles on how to stay safe online during COVID-19 (47).
- In Scotland (United Kingdom), Public Health Scotland worked with third sector partners and women with learning disabilities to provide easy-to-read, accessible resources on VAWC, coercive control, sexual violence and grooming for people with learning disabilities.
- In Spain, the Ministry of Equality published guidelines for women who are experiencing GBV during COVID-19 (45).
- The Federal Office for Public Health in Switzerland launched a new platform regarding mental health support and information, containing information regarding family conflicts and violence in the home (45).
- An online awareness campaign Stopfisha was launched in France through social media as a response to the suspected rise in revenge porn during lockdown and to help to find survivors of abuse and help them to report it (51,52).
- The Union of Women Association of Heraklion in Greece ensured a constant presence on television shows, news channels and radio commercials to spread awareness of VAW during COVID-19 (53).
- In Wales (United Kingdom), Dewis Choice, a project by Aberystwyth University focusing on elder abuse, has developed online training for professionals to support them in identifying and protecting older people at risk of or experiencing elder abuse. The National Society for the Prevention of Cruelty to Children in Wales and the mobile telephone provider O2 work in partnership to offer free 30-minute introductory webinars on keeping families safe online. The webinars highlight the risks children can face online while offering practical advice and signposting for help and support.
- The Ukrainian television show Early Swallows was uploaded to YouTube to help children and young adults to find information on how they can be affected by violence and how to seek help (54).

At the regional level, municipalities in Finland, such as the City of Tampere, have launched websites to provide contact information in case of violence and the Spanish regions of Gijon and Madrid conducted information dissemination campaigns (45,48,49). In Slovenia, the city of Ljubljana reported the distribution of leaflets containing NGO contact numbers for VAWC and broadcasted violence hotline numbers on public display screens (50).

Media campaigns, information dissemination and advocacy led by NGOs and CSOs

Media campaigns and information dissemination were also the most frequently reported measure used by NGOs and CSOs to prevent and respond to VAWC during the COVID-19 pandemic, with reports from 24 Member States. Strategies varied but were most often based around radio, television and social media.

As well as raising awareness and providing service contact details, social media was also used by NGOs and CSOs to help those in need of assistance regarding VAWC to access help. For example, in Poland, a fictitious online cosmetic store was set up through Facebook where survivors of VAWC could request help by pretending to order goods. The French organization Association L'Enfant Bleu used the gaming platform Fortnite to provide a communication route for children and young adults facing abuse to report it and access support (27,55).

Creation of government taskforces and guidance packages

In terms of high-level intersectoral approaches, governments at national and regional levels have created taskforces to prevent and respond to VAWC during COVID-19.

- In Belgium, the Brussels and Walloon Governments have created the Women and Domestic Violence taskforce in order to monitor shelters, assist actors in the field, rapidly identify emerging needs and to spread information and awareness (45).
- The Government of Luxembourg also created a crisis management system to mitigate the risk of increased VAWC (45,56).
- The Swedish Government assigned the Swedish Gender Equality Agency the task of identifying and developing the necessary methods needed to reach out to people facing GBV and honour-related violence and oppression (45).
- In Switzerland, an intersectoral taskforce was set up by the Government, under the lead of the Swiss Federal Office for Gender Equality.
- In Uzbekistan, the Interior Minister announced that each neighbourhood had been assigned a “prophylactic inspector” for at least five years to help neighbourhood chiefs to prevent VAWC, following a surge of reported incidents in 2020.
- In Israel a committee was set up to examine the incidence of women who had been killed during lockdown.
- In Lithuania, the interinstitutional Action Plan on the Prevention of Domestic Violence during the Quarantine regarding COVID-19 was initiated, which set up a number of measures including that notifications of IPV incidents should be responded to immediately (45).
- In Poland, the Ministry of Family, Labour and Social Policy issued instructions on the organization of units providing shelter for survivors of VAWC; this included recommendations on the organization of work and communal life within these organizations (45).
- The Government in the Republic of Moldova published online guidance for specialists with expertise in preventing and combating VAWC and to ensure effective interventions in cases of violence during the pandemic (59).
- In Slovakia, a Government regulation obliged the chairmen of all self-governing regions to provide quarantine facilities in all establishments within their jurisdiction that provided accommodation for survivors of violence, including IPV (45).

Various government guidance packages and policies have been announced, either specifically for VAWC or with measures to respond to VAWC included within them. Evidence of official government guidance pertaining to VAWC during the pandemic was identified for 25 Member States.

- The Albanian Government approved an instruction “on the management of cases of children in need of protection during the period of natural disaster due to the epidemic caused by COVID-19” (57).
- Azerbaijan issued a national plan of action to prevent VAWC (58).
- In Georgia, the Inter-agency Commission on Gender Equality, Violence against Women and Domestic Violence, in close cooperation with NGOs and international organizations, developed the Communication Strategy on Domestic and Violence against Women during the COVID-19 Crisis, which outlines key priorities and action points for Government entities and NGOs (45).

Furthermore, NGOs and CSOs campaigned throughout the pandemic to ensure that the situation of VAWC during COVID-19 remained on government agendas. For example, in Bulgaria the NGO Animus and WHO ran a joint programme to advocate and raise awareness of the importance of maintaining services for women and children facing violence during the pandemic (60). In Ukraine, the Ukrainian Women Lawyers’ Association JurFem partnered with the United Nations Development Programme (UNDP) to conduct an assessment of the impact of COVID-19 on women and girls, focusing on GBV in particular (61).

● Response services

Expansion/maintenance of shelters and helplines

National government-led or sponsored measures to maintain and in some cases expand helpline availability for survivors was reported for 32 Member States, with methods varying from the introduction of new helpline numbers, such as new SMS numbers introduced in France and Israel, to the introduction of WhatsApp services for emotional and psychological support, such as those launched in Spain (45,62,63). The maintenance of shelters at the national level was also reported as a key priority for governments during this time, with measures taken in 23 Member States to ensure shelters remained open, or even expanded. Such methods included expansion into hotels reported by governments in Belgium, France, Germany, Italy and Spain (64–68). Governments

in Israel, Portugal and Ukraine (cities of Kyiv and Kharkov) reportedly created additional accommodation of unspecified types (69,70). Further measures were taken in Cyprus, Slovakia and the United Kingdom to ensure that these services remained functional, included provision of personal protective equipment and COVID-19 testing for staff and survivors. The German, Norwegian and Spanish Governments declaring VAWC shelter staff as essential workers, thus exempting them from any lockdown measures that may have otherwise prevented them from working (45,71–74).

The maintenance and expansion of helplines (19 Member States) and shelters (15 Member States) were also key measures taken by NGOs and CSOs. For shelters, innovative methods were used to expand capacity in some Member States (Box 3).

Box 3. Innovative measures to provide shelters

- **France:** a sports stadium opened for the use of victims of domestic violence (65,75).
- **Ireland:** NGOs led for the expansion of shelter capacity by collaborating with Airbnb (76).
- **Italy:** booking.com collaborated with a former convent for provision of accommodation (77).
- **Italy and Malta:** representatives from both Member States reported that temporary shelters were used as quarantine facilities to allow isolation prior to women being admitted to shelters.
- **Republic of Moldova:** the NGO Promo-lex rented an apartment to overcome government-imposed quarantine measures that meant shelters were unable to accept new residents (78).

To ensure that helplines remained functional and could meet demand, measures included increasing the number of helpline volunteers (Belgium, Bosnia and Herzegovina and Israel), creating chat/SMS messaging options (Cyprus, Ireland, Italy, Montenegro and the United Kingdom) and the expansion of helpline hours (Israel and Italy) (45,79–85).


New helplines were also set up by NGOs and CSOs in France, Israel, Portugal, the Russian Federation, the United Kingdom and Uzbekistan

(45,80,86–90). In France, a new helpline, Don't Hit, was launched on 6 April 2020 to provide counselling and specialist psychological assistance to perpetrators of violence (45). Furthermore, systems were set up to allow helpline staff to work from home in Albania, Bosnia and Herzegovina, France, Montenegro and Serbia (45,85). Personal protective equipment and/or COVID-19 testing were made available to VAWC centre staff in Azerbaijan, Ireland, Malta, the Republic of Moldova and

Serbia. The NGO Centro di Ascolto Uomini Maltrattanti Firenze in Italy organized fortnightly peer-support meetings to help staff with their emotional management and well-being during the pandemic (45,84). In addition, to ensure survivors could still access VAWC centre services, one Belgian NGO set up open-air face-to-face appointments, where survivors could receive support while on a socially distanced walk with centre staff (53). Other countries, including Ireland, Malta and the Republic of Moldova, noted issues with domestic abuse and VAWC and the vital role of social workers (91–94).

Provision of apps and other online resources for VAWC

During the pandemic, many services that were previously conducted face to face had to be provided online. In terms of moving VAWC resources such as psychosocial support and counselling online, solutions were announced by governments at the national level in 13 Member States. The movement of resources online was widespread and frequently reported across multiple service providers. However, many service providers also highlighted the problems that this introduced. For example, in the United Kingdom, the lack of good-quality Internet and data coverage in rural areas was reported as an issue in Wales, and it was reported that some women in Newcastle said they would rather wait for support until they could meet with a service provider face to face. The rapid switch to communication online meant that those experiencing digital exclusion in Scotland were without support. An example



During the restrictions, we have been doing consultations with women in the staircase, on the street or through walks. Obviously, it is by far not as good as it is if you do it in a nice and quiet room. You can solve practical issues, but it definitely impacts the consultation. Achieving empowerment of women is far more difficult and this has seriously been compromised.

Frauenrecht ist Menschenrecht, Germany

to mitigate this was initiated by the Trafficking Awareness Raising Alliance, which works with women trafficked for sexual exploitation in Scotland; digital exclusion of their service users was reduced by acquiring funding to provide 10 laptops, 10 tablets and 20 MiFi devices for them. In France, the online resource stopblues.fr provides support and aids reporting (45,95). In Portugal, technical guidance was provided for health professionals along with a request to maintain face-to-face activity with families at higher risk of violence. Other approaches are outlined in Box 4.

Box 4. Innovative measures to provide online links for VAWC

- **France:** services were set up to allow children facing situations of violence to directly contact authorities via SMS (96).
- **Georgia:** the 112 application was introduced, with the support of UN Women, which offered silent alert and chat options through an SOS button that immediately notifies the police of the user's geolocation coordinates. This was introduced alongside the legislative amendments reflecting the geolocation electronic monitoring system of perpetrators, which were adopted by the Parliament of Georgia and came into force on 1 September 2020.
- **Portugal:** a new Government-led email address was provided for survivors of violence and for professionals in Portugal.
- **Turkey:** the Women Emergency Support app was provided that allowed women to take out injunctions against abusers and 24 000 women reportedly downloaded it (57,97,98).
- **Ukraine:** a chatbot set up via Telegram provided answers to common GBV-related questions and facilitated communication with state legal aid workers, a measure reportedly popular among teenagers (99–101).
- **Uzbekistan:** a Telegram channel was launched for GBV (102).

Police were also provided with apps to help them to respond to VAWC during the pandemic. For example, in Cyprus, Czechia, Malta, Montenegro, Spain and Ukraine, apps were disseminated to help in the reporting of violent incidences to the police safely and discretely, as well as to provide geolocations and store evidence (45,100–103). In Andorra, Turkey and Uzbekistan, apps were used to provide legal advice and psychosocial support.

NGOs and CSOs in 25 Member States developed or used apps and online methods to facilitate access to VAWC support services and/or to provide survivors with psychological and legal support through online platforms such as Zoom and Skype (104–108). The Cypriot NGO One Women At A Time conducted Zoom-based webinars to provide legal advice to survivors

of IPV on “How to ‘Shut Out’ your COVID-19 abuser legally” (27,85,104). The Association for the Prevention and Handling of Violence in the Family in Cyprus purchased 35 smart watches for women facing IPV that had built-in safety alarms (82,109). NGOs in Bosnia and Herzegovina and Turkey used messenger apps such as WhatsApp and Viber; NGOs in Italy, Ukraine and Uzbekistan provided services via Telegram; and NGOs in Ukraine used the Your Rights app to provide legal advice.

Government funding for NGOs/CSOs

Lack of sustainable funding for violence prevention services put services into crisis situations. Additional government funding for VAWC services and NGOs at the national level was reported in 10 Member States and at the regional level in one Member State (Box 5).

Box 5. Examples of government funding for NGOs or CSOs

- **Belgium:** ministers provided financial support to allow the Flemish Helpline 1712 to increase its staffing capacity during this time (45).
- **Bosnia and Herzegovina:** additional funding was allocated by the Agency for Gender Equality to support NGOs that provide for VAWC survivors.
- **France:** the Government announced an additional €1 million for VAWC organizations (108).
- **Iceland:** the Government of Iceland included investment in efforts to combat VAWC in their national financial aid package announcement (110).
- **Ireland:** a media announcement reported that the Department of Justice and Equality was allocating €160 000 for community and voluntary groups addressing GBV.
- **Israel:** the Welfare Minister announced an extra ILS 20 million (€4.96 million) emergency budget for VAWC prevention and response (111).
- **Italy:** the Italian Government earmarked €2 million for housing abused women and children (63,112).
- **Sweden:** €9 million was granted to CSOs working on VAWC.
- **United Kingdom:** the Home Office dedicated £2 million to local VAW NGOs and the Scottish Government reportedly allocated an additional £1.5 million to Women’s Aid and rape support groups.

During the pandemic, the number of residents accepted was lowered in order to create a quarantine room and to safeguard our residents’ and team’s health and safety. As we receive funding from the government through a public–social partnership, which is based on a rate per bed per night, the decreased intake substantially impacted funding.

YMCA Malta

Financial support for survivors

There was evidence of governments providing financial support and relief packages directly to survivors.

- In Albania, it was announced in March 2020 that 482 survivors of IPV who had a protection order issued would benefit from a double payment of three months of economic assistance (45).
- In Ireland, women and children known to be trapped in abusive homes were provided with rent supplements (45).
- In Malta, the Private Rent Housing Benefit Scheme, which provides housing benefit to cover rent for applicants and their families, was extended to cover those experiencing IPV (103,113).
- In Spain, it was announced by the Government that sex workers and victims of trafficking and sexual exploitation would be offered support, emergency accommodation and access to minimum vital income while the crisis lasted (114).

The provision of financial support and goods directly to survivors by NGOs and CSOs, in addition to shelter services, was reported for nine Member States; examples were

- the Women's Support Centre in Armenia, with the help of various donor organizations, provided emergency financial aid to beneficiaries to allow them to continue living independently up until June 2020 (115);
- survivors of IPV were included in an initiative by the Maltese organization Cartias, which was delivering 200–500 meals a day to those in need (116); and
- the Dedalus cooperative in Italy began a crowd-funding initiative in March 2020 in order to provide food and aid packages to Nigerian sex trafficking survivors who had been abandoned by their traffickers because of the pandemic (117).

Nongovernmental donors were also identified as providing financial support to NGOs. For example, the Bank of Ireland donated €100 000 to the COVID-19 response fund of a VAWC

NGO, Safe Ireland (118). In Serbia, the Improved Safety of Women in Serbia project, funded by the Norwegian Embassy and implemented in cooperation with UN Women, provided direct institutional grants to 20 NGOs that were providing psychosocial and legal assistance and support services via a local SOS hotline for women victims of violence and GBV (45).



We were able to get emergency grants from foreign embassies during quarantine that help us to stay afloat for this period ... thanks to one of the grants, we have a nurse now.

National Association of Business Women of Tajikistan, Tajikistan

Proactive contact with survivors

There was evidence of VAWC service staff making proactive contact with known survivors of violence and those at risk of violence during the pandemic. For example, in Antwerp (Belgium), the Family Justice Centre conducted proactive outreach to survivors and also contacted children to provide them with a point of contact and offer educational support packages (53). The NGO CAM Firenze in Italy contacted women via SMS to ensure they were safe and, if not, provided details of their nearest help point (84). In Serbia, multiple NGOs reported that contact was being made with beneficiaries in order to share protection measures and ensure those without Internet access were informed about the health risks and protection measures during the pandemic (112).

● Legal measures and support

Measures to continue legal services related to VAWC

Measures for maintenance of legal services related to VAWC focused on improving legal processes or provisions and included fast tracking, prioritizing and extension of the legal process surrounding cases of VAWC (118-120). For example, in Albania, Austria, France, Ireland, Kyrgyzstan, Montenegro and the Netherlands, measures were taken to prioritize and/or fast track the legal processes; in Belgium a new tool was introduced to assist in ensuring that evidence was recorded and not lost in the situation of postponed hearings (45) and in Croatia, allowances were made for missed court deadlines for survivors due to COVID-19. In Montenegro, in cases concerning VAWC, the perpetrator would be immediately taken to the misdemeanour court after committing an offence. In Serbia, the High Court Council declared that, despite the courts closing, IPV cases would continue to be processed (45,120).

Legal changes, protections and exemption from lockdown restrictions

In many Member States facing stricter lockdown rules, such as Italy and Spain, governments announced that stay-at-home orders and strict curfews would not apply to survivors of violence who were seeking support (112,121,122). In regions of Czechia, France and Montenegro, there were reports that governments enforced rules to ensure that in situations of abuse the perpetrator would be evicted instead of the survivor. Such schemes were also reported for Austria and Italy; however, it was not clear if they were led by the government (45,121-123). In Kyrgyzstan, a bill was passed increasing detention of perpetrators of IPV to 48 hours (previously three hours), which was initiated as a direct result of the increase number of cases of domestic violence during COVID-19 (124). In Israel, a committee was established to examine

● Service coordination

Information such as VAWC helpline numbers and details of relevant support services were physically disseminated using supermarkets and pharmacies in some Member States, such



During this time restrictive orders could not be effective. They were still issued; however, the perpetrator could not leave the house, due to lockdown. Hence the perpetrators had to stay in the same apartment as the survivor.

**National Medical University,
Republic of Moldova**

incidents of women who had been killed (125). In the Russian Federation, the Government brought in mandatory reporting, obliging the police to initiate cases for IPV even if there was not official request from the victim (126). Policies around releasing prisoners early or granting pardons under the pandemic situation excluded prisoners convicted on VAWC charges from release in Cyprus, France, Ireland, Israel, Northern Ireland (United Kingdom), Portugal and Turkey (127-132).

Furthermore, in Nuuk (capital of the Danish territory of Greenland) and nearby settlements, an alcohol ban was enforced during lockdown in an attempt to decrease the incidence of child abuse (133). In Georgia, it was reported that from 1 September 2020 perpetrators of IPV who had restraining orders against them taken out by family members would be required to wear electric monitoring bracelets (134).

as Georgia, Malta and Slovakia (45). In France, pop-up consultation “listening centres” were set up in some supermarkets and one supermarket chain, Monoprix, opened a private room above

the supermarkets that survivors could use to call IPV helplines if it was not safe to do so at home. In the United Kingdom, Government-led initiatives saw pop-up counselling centres provided in some supermarkets; the Welsh Government partnered with supermarket chain Tesco to ensure all receipts from stores in Wales included details of the Welsh VAWC helpline information, and the North Wales Police also worked with Tesco to include a leaflet on a VAWC helpline in all click-and-collect and home deliveries (135). In Belgium and Monaco, women facing violence were encouraged to seek help, report violence and request advice at pharmacies and/or supermarkets (45,101). Pharmacies were also encouraged by governments to participate in the European scheme of the Mask-19 codeword, whereby pharmacy visitors could mention Mask-19 if they required help for IPV (64). This was encouraged by Governments in Spain and the United Kingdom and was also reported in Belgium, Germany, Greece, France, Italy and Norway; although in this latter group it was unclear if these were government-led initiatives (45,53,77,136,137). By comparison, Community Pharmacy Scotland was very against codeword schemes and safe spaces, as were frontline VAW services such as Scottish Women's Aid and Assist, because of confidentiality concerns, particularly in smaller or more rural communities. There were also concerns about adequate levels of training of staff members. Despite this, the codeword scheme gained momentum after being launched by the English Home Office and was also implemented at a later stage in Scotland. NGOs also used pharmacies and supermarkets as help points for survivors (45,75,85,92,138) and in Greece, Italy and North Macedonia they were used for the physical distribution of leaflets and posters with relevant VAWC service details (53,85,139).

The closing of public transportation affected the women, particularly from rural areas; they did not have access to medical services or access to forensic examination services so this was an impediment to access much needed services when we are talking about domestic and sexual violence.

La Strada, Republic of Moldova

We also see judicial system not working in the right way. Judges should give restraint orders and take other measures. But in practice, this does not work; judges have not imposed restraint orders during COVID-19. Judges used quarantine and shelter-in-place as a reason to not give restraint orders, reasoning that perpetrators have nowhere to go and do not leave their houses.

Association of Female Lawyers JurFem, Ukraine

A number of reports outlined work within the police services to address the expected rise in VAWC during the COVID-19 pandemic and associated measures, although different approaches were used:

- in Andorra, the Government created a video tutorial for police officers to update them on the guidelines protocol regarding GBV (45); and
- in Norway, the Police Directorate implemented a comprehensive set of measures, including weekly reports, to monitor any changes in the levels of violence, dialogues between local police departments to share knowledge on local measures and trends, guidelines to ensure that police would focus on VAWC, and collaborations with local authorities such as the child welfare system (45).

Police and other services were also enlisted to proactively reach out to known survivors and those at risk of abuse (Box 6).

Box 6. Outreach services to protect those at risk of abuse

Police service outreach measures

- **Belgium:** police contacted those who had filed a complaint concerning IPV over the past three months (140).
- **France:** in Lille, the Gendarmerie reopened all cases of IPV from the previous few months, including those already dealt with by the criminal justice system, and contacted all survivors by telephone to ensure they were not facing violence under lockdown (45).
- **Ireland:** the police service An Garda Síochána established Operation Faoiseamh, which, among other reported measures, saw the police proactively contacting every previous survivor of VAWC known to them (118).
- **Lithuania:** police officers contacted those in rural areas who had previously reported IPV (45).
- **Poland:** the police service contacted all known survivors of IPV by telephone to ensure they were not facing violence under lockdown.
- **Spain:** three days before lockdown was announced, the Interior Minister instructed police to intensify contact with women under protection orders (roughly 60 000), predominantly using WhatsApp, texts or email (66).

Outreach methods from other services

- **Andorra:** the Specialized Service for Attention to Childhood and Adolescence and the Mental Health Service of the Andorran Service for Sanitary Attention carried out weekly or bimonthly follow-ups via telephone or video call to all those being followed by the team (57).
- **Czechia, France and the United Kingdom:** Governments promoted the use of couriers and postmen to check in with survivors of abuse (69,79,112).
- **Norway:** teachers and other child welfare service workers instigated direct follow-up measures with known vulnerable children.
- **Serbia:** where public transport was abolished during the pandemic, multiple NGOs provided private transport for survivors to access their facilities (85,126).
- **United Kingdom:** one rail company in partnership with the NGO Women's Aid provided free rail travel for vulnerable women.
- **United Kingdom:** dentists were asked to update their guidelines for telephone assessments under lockdown to help them to continue to assess the risk of VAWC in patients with facial injuries (141).

Other outreach measures

The search also identified a number of outreach measures from other sources.

- **Germany:** VAWC helpline numbers were printed on milk bottles (information from discussions at the Exchange with Cities on the Impact of the COVID-19 Crisis on Women, June 2020);
- **Sweden:** the social media app Snapchat raised awareness of abuse and reached out to and checked on those aged 13 to 21 years who were potentially at risk of abuse.
- **Sweden:** a popular Swedish landlord company distributing flyers with VAWC-related information to all its tenants (information from discussions at the Exchange with Cities on the Impact of the COVID-19 Crisis on Women, June 2020).

In some cases, governments and NGOs jointly led measures to prevent and respond to VAWC during the pandemic, particularly when crisis centres were closed (142). In Albania, Woman Forum Elbasan collaborated with state police to allow beneficiaries to be accompanied by a police patrol, thus ensuring that they could access VAWC services despite the lack of transport available during the pandemic (85). In Malta, the National YMCA homeless shelter brought together 22 services from different NGOs in order to support service users during the pandemic and respond to the increase demand for shelters from those fleeing IPV (Case study 1). A technical group was formed in Montenegro within the EU- and UN Women-led regional programme Implementing

Norms, Changing Minds to prepare guidance for institutions on how to deal with VAWC during the pandemic (45). In South Wales (United Kingdom), the Violence Prevention Unit used local multisectoral data and intelligence to explore the impact of COVID-19 on VAWC, and promote and maintain a multiagency response to violence (Case study 2). In Uzbekistan, a joint project with UNDP and the Ministry for Supporting Mahallas and Families prepared flyers that were distributed to pharmacies in Tashkent City and the Tashkent Region of Uzbekistan in order to reach vulnerable groups of the population and provide them with referral numbers in cases of violence (143).

Case study 1. Service coordination, Malta

During the COVID-19 pandemic in Malta, there was a reported increase of VAWC during lockdown resulting in women and children becoming homeless. In response to this, and the effect of the pandemic on homelessness, YMCA Malta launched the Platform Against Homelessness as an integral part of YMCA's Residential Programme Advocacy and Prevention Strategy. This Platform brought together 22 services from different NGOs providing services for the homeless in Malta. In order to support service users and respond to the increased demand for shelters from those fleeing domestic violence during this period, the following steps were taken:

- collaboration between service providers to clarify all procedures during COVID-19 and how their resources could be grouped together to support each other during the pandemic;
- contact with the government and relevant ministries as a single entity to request a quarantine facility in order to safeguard current residents and staff as well as new service users;
- creation of two central quarantine facilities operating on a national level within 10 days, with all new service users quarantined for two weeks prior to entering a shelter;
- implementation of a referral system to fast-track COVID-19 testing for the vulnerable, especially those fleeing VAWC, and exempted them from the long wait times faced by the public;
- provision of transport for vulnerable people to access a test and immediately be transported to a quarantine facility to await results;
- women and children fleeing VAWC were separated within quarantine facilities from other service users who might cause them additional trauma; and
- provision of transport from the quarantine facility to shelters as new service users could not take public transport to reach a shelter because of the strict quarantining.

Case study 2. The use of data to inform a multisector service response, Wales (United Kingdom)

In 2019, the United Kingdom Government allocated funding to 18 areas to establish multiagency violence prevention units, bringing together police, local government, health, community leaders and other key partners with the specific aim of tackling serious violence and its underlying causes through a whole system public health approach. While these units had been established prior to the COVID-19 pandemic, South Wales, one of the areas which received funding, accelerated and adapted some of their activities to better respond to violence. One adaptation related to their violence surveillance system, which collates datasets from unit partners across multiple sectors including police, health and the third sector. Data analysts within the Violence Prevention Unit were able to use the surveillance system to monitor the impact of COVID-19 on levels of violence and produce weekly reports to disseminate to the Unit's partners to inform targeted responses, prevention activity and communication and awareness campaigns. Data from the surveillance system on levels of violence, particularly in private settings, were also used to highlight the extent of the issue and prevent resources being reallocated from partners working in violence prevention (e.g. public health and police) to the direct infectious disease control response. Primary research on the impact of COVID-19 restrictions on children and young people's experience of violence was also conducted.

The data collected suggests that the pandemic shifted the focus from violence in public spaces to violence in private settings, which typically affects women and children. This shift in focus also highlighted the fact that administrative data systems, such as the violence prevention surveillance system or police and health data, are better equipped to monitor violence in public areas (e.g. the night-time economy) than in the home. The need and desire for data to monitor levels of VAWC during the pandemic have accelerated data-sharing processes and partnerships between violence prevention units and the voluntary sector, with helpline datasets incorporated into the surveillance system. Since violence prevention resource allocation is often determined by evidence of need from collected data, inclusion of datasets that can provide an indication of levels of more hidden forms of violence is crucial. A representative from the South Wales Violence Prevention Unit said:

I think what the pandemic has done is it has shone a light first on VAWC, but second on the lack of data that we have, particularly on violence that happens in private spaces, rather than public spaces. It's increased partnership working from a range of different organizations, particularly the voluntary sector and we receive data from a range of helplines now, which we didn't get before.

Measures to prevent and respond to VAWC were also implemented by other organizations. In Serbia, the UNDP supported public prosecutors from eight prosecution districts in organizing online multiagency meetings to process cases

of VAWC (45,99,120). The All-Ukrainian Charity Foundation, United Nations International Children's Fund and United Nations Foundations supported sociopsychological assistance mobile crews in Ukraine (144).



DISCUSSION

Strengths and limitations of the rapid assessment

There are some limitations of this study that should be considered to contextualize the results. First, media reports are often biased towards new and innovative strategies rather than the actions taken to maintain existing responses and systems. Consequently, Member States with strong existing frameworks for VAWC prevention and so less likely to rely on novel responses are very likely to be underrepresented. For example, when asked to provide information regarding innovative strategies, one VIP focal point from Denmark stated that “There were no initiatives I would call innovative. The initiatives were mainly extensions of existing initiatives”. Secondly, the use of only English or Russian search terms will have excluded reports in other European languages. Thirdly, some Member States were overrepresented in the media search results, particularly France, Ireland, the Russian Federation and the United Kingdom. This unequal representation, combined with the focus on innovative responses, means that a lack of data reported for a country should not be interpreted as a country’s lack of action to protect women and children from violence during COVID-19.

Similarly, because of the lack of evaluation of the strategies presented here, the frequency at which strategies are reported is not an indication of their effectiveness. For example, Greenland was the only territory that enforced a regional alcohol ban and, based on the wealth of evidence linking alcohol consumption to VAWC, it is likely that this measure would have had a positive effect on the reduction of violence (133,145) but this assessment could not measure it. Furthermore, newspaper articles rarely give more detail than the measures identified and do not indicate how effective they were or how easy they were to initiate.

Furthermore, because of the rapid nature of this study, a search strategy was used that focused only on reports explicitly referring to VAWC, meaning that many of the included reports were linked to IPV. This is important to note as strategies aimed towards children are often upstream preventive measures such as parental support, education and childcare provision, and these are not always mentioned in the context of violence. Consequently, only looking for reports that explicitly referred to violence-related terms

will have restricted our ability to find reports of measures taken to protect children; this also helps to explain the underrepresentation of child-focused responses in our results. Future studies should broaden the search terms to include upstream preventive measures, such as provision of parenting support, to allow for better representation for children. Similarly, focusing only on reports that referred to violence means that many service-based measures were not widely represented in the results. For example, measures to ensure access to sexual and reproductive health services, continued abortion care, HIV care and prophylaxis for sexually transmitted infections (all cited as key aspects of clinical care when responding to VAW (30)) were not identified within this study and warrant further investigation.

A further issue that should be considered in any future data surveillance system was the lack of disaggregation of data across a number of crucial characteristics, such as sex, age and relationship to the perpetrator. This prevented accurate assessment of changes in service demand related to the main types of VAWC: IPV, sexual violence, elder abuse, child maltreatment and youth violence. There are, for example, sex differences in the type of violence children are likely to experience. Boys are more likely to experience physical violence, bullying and fights, while girls are more likely to experience sexual and psychological violence and specific forms of discrimination and exclusion (146). Future violence surveillance systems should include these characteristics at minimum as well as other important risk factors for violence such as ethnicity and deprivation.

Service demand and responses in the WHO European Region

This study provides an initial overview of some of the data available on changes in service demand related to VAWC and measures taken by WHO European Member States to prevent and respond to VAWC during the COVID-19 pandemic. Government responses were identified for all but four of the Member States; measures led by NGOs and CSOs were identified in 37 of the Member States.

Reliable data on changes in the incidence or prevalence of VAWC during the COVID-19 pandemic were relatively scarce at the time of writing. While more than half of survey participants reported that they were aware of data being collected on VAWC during the pandemic, few respondents were able to provide access to these data or specify in what way this information was being captured. VAWC is largely a hidden form of violence and there are known problems with using administrative data (e.g. health and law enforcement data) as a means to accurately assess the incidence of such violence (147). Future studies using representative population survey data will be needed to assess whether the pandemic

changed the proportion of women and children experiencing violence. Data in the study focused on whether there were changes in VAWC service demand during the pandemic. Overall, and across most violence types, changes in service demand were visible through increased demand for NGO services, particularly phone calls to helplines during COVID-19 lockdown or restrictions; however, police and health services generally saw decreased demand across different forms of VAWC. It is crucial that further studies collect and analyse data regarding demands for the different services to inform government responses. For example, many governments made explicit reference to victims of IPV being exempt from stay-at-home restrictions after the first wave of restrictions and that reports of domestic assaults had decreased. This type of administrative data was used in Wales (United Kingdom) both to inform targeted responses by partners across sectors (e.g. public health and police) and to highlight the extent of the issue and prevent resources being reallocated away from partners to the direct infectious disease control response.

Previous research has identified measures that governments should take in order to prevent and respond to VAWC; these include focusing on women-centred interventions for survivors, such as psychosocial support, counselling and the provision of resources to mitigate future risk; school-based interventions; and high-level policy commitments and legislative reform (148). When considering VAWC in the context of the COVID-19 pandemic, specific recommendations were provided by United Nations Secretary-General António Guterres (29). Considering all these recommendations, this study has provided some clear examples of how Member States acted to prevent and respond to VAWC during this time.

The most frequently reported measures implemented by both governments and NGOs/CSOs were media campaigns and other forms of information dissemination. Ensuring women and children are aware of the resources available to them and how the situation of the pandemic may affect their access to such resources is crucial. The reason for this high frequency is probably the fact that measures involving information dissemination are generally not a financial or resource burden and can be rapidly arranged and disseminated in the early stages of a pandemic. The second most widely reported group of measures by governments pertained to the maintenance and expansion of shelter and helpline services for women and children facing violence. This is in line with the United Nations recommendations that shelters should be classified as essential services during COVID-19 and that women should have access to safe ways to seek support (29).

Other measures identified in newspaper articles would not, at that point, include information on whether the intended positive effects occurred, whether there were any adverse effects or what level of training and support was needed for their implementation. For example, using postmen to check on women at risk of VAW would require substantial training in VAW ethics and safety, and avoiding being judgemental. It was also highlighted by Scottish Women's Aid that the offers to use hotels as women's shelters

in Scotland had not been thought out properly in terms of safety for women, the effects of isolation and the impact on children.

This rapid assessment found that governments most often provided the lead for official guidance and policies, making allowances for VAWC survivors to break lockdown restrictions and fast-tracking and prioritizing legal processes. The production of official guidance and policies was highlighted by Ellsberg et al. as one of the key methods for responding to and preventing VAWC (148), and some key examples were reported in the media. First, Ireland and Norway have demonstrated how police directorates can adapt to ensure the rapid identification and support for women and children at risk of violence; secondly, response packages were announced by many governments including, but not limited to, Belgium, France, Italy and the United Kingdom. These response packages, beyond the immediate financial benefits, also helped to raise awareness of the issue of VAWC during the pandemic and publicly advocated for survivors. In the Danish territory of Greenland, alcohol consumption was banned in certain areas to decrease the incidence of child abuse during lockdown (133).

Many of the measures taken by governments and NGOs/CSOs mentioned the continuation of counselling and psychosocial support, predominantly through the move to online methods of communication, which follows the recommendation of ensuring women-centred interventions for survivors (148). However, measures ensuring that services were available and accessible online were mostly found within the work of NGOs and CSOs rather than governments.

In addition to the movement of resources online, this rapid assessment found other interesting examples of certain measures being reported more often as being led by an NGO or CSO rather than the government, for example the provision of financial support and goods packages. Such provisions included money, food and hygiene-related items and were most often provided to groups identified by the NGOs as

being vulnerable. Although vulnerable groups were not well represented in the results of this study, they are likely to be some of the worst-affected populations during the pandemic, not only regarding VAWC. The fact that support for vulnerable groups was most often reported as being led by NGOs or CSOs highlights how such populations are often underrepresented in government-led responses and it is this lack of attention that further sustains their vulnerability. Furthermore, NGOs and CSOs were most frequently reported to be leading advocacy campaigns. As these campaigns are normally aimed at governments, this is not unexpected. However, the necessity of such campaigns could also indicate where the public were more dissatisfied by governments' responses and so felt compelled to act.

Alongside measures focused on the legal system, NGOs and CSOs also conducted perpetrator-focused responses. Despite less evidence in the literature of the effectiveness of perpetrator-focused responses, perpetrators are still at the centre of VAWC and should not be overlooked in government responses (148). Future research is necessary to determine the rate of perpetrator recidivism during the COVID-19 pandemic and to assess if violence was redirected from outside to inside the home during lockdowns.

NGOs or CSOs also worked to mitigate negative impacts of government-led pandemic responses; one example was the provision of transport in several Member States where the absence of government allowances for certain groups to break lockdown rules required alternatives to be developed in order to provide assistance. Although some CSOs in Scotland (United Kingdom) were initially opposed to the codeword and safe spaces initiatives brought in by the United Kingdom Government, the scheme

was introduced but without any accompanying marketing and public information strategy. Posters were displayed in pharmacies around Scotland but using the English posters with details of English networks; those that did refer to a Scottish Helpline had misprinted the telephone number. Local women's aid groups quickly provided the correct contact information as well as training for pharmacy staff; however, this only provided a localized solution to a national problem and highlighted the need for clarity when instituting rapid response measures.

This study did not identify any school-based measures and very few parenting programmes for the prevention and response to VAC. School-based interventions and parenting programmes are known to be effective in the prevention and reduction of VAC (148,149) but, in the face of widespread school closures, such interventions or parenting programmes were not feasible. The switch to online schooling also meant that children were spending increased time online, with the accompanying increased potential for online abuse; one Croatian VIP focal point highlighted this risk, saying: "The digital world offers children unlimited opportunities to learn and connect, but children in an uncontrolled digital environment are also exposed to harmful content, such as exposure to inappropriate sexualised scenes, extreme violence, promotion of risky behaviours and, in some cases, sexual abuse and exploitation". As schools also provide a crucial pathway for the identification and response to child maltreatment and neglect, it is likely reports of VAC will increase as lockdown measures begin to lessen and schools reopen. This will be a crucial time to ensure that children are offered the necessary support and services that they may not have had access to under the pandemic restrictions.

CONCLUSION

This rapid assessment identified a diverse set of measures that can be taken to maintain and expand VAWC service provision in emergency situations. Rather than simply implementing emergency measures alone, governments should be encouraged to reflect on the gaps in their existing national VAWC response frameworks. For some women and children, the living situation during lockdown has been, unfortunately, not too dissimilar to that of living with an abuser before the pandemic; consequently, many could have benefited from effective responses long before the pandemic facilitated any expansion. So, while we should celebrate the ability of governments, NGOs and CSOs to rapidly adapt under pressure, the responsibility should now be for governments to develop stronger baseline support systems.



While we should celebrate the ability of governments, NGOs and civil society organisations to rapidly adapt under pressure, the responsibility should now be on governments to develop stronger baseline support systems.



Governments should ensure that the need to protect women and children does not fall on NGOs and civil society as the world rebuilds from COVID-19.

Notable high-level commitments and promises were made at the beginning of the pandemic to address the anticipated surge in VAWC, but there is still significant room for improvement. For example, within health systems, it is suggested that Member States increase investment in human resources working in VAWC responses; increase and earmark financial resources for VAWC-related work; and strengthen the integration of the health system response within multisectoral plans (33). Governments could ensure that the need to protect women and children does not fall on NGOs and CSOs as the world rebuilds from COVID-19. Further research is also needed to understand how the mental health impacts of the pandemic, along with the wider disruptions to service provision and access to work and education, will affect VAWC in the long term.

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ANNEX 1. SURVEY

This is the English version of the survey, which was also available in Russian

YOUR AREA/ORGANIZATION

1. Which country are you from (e.g. Switzerland)?

2. Which city/local area do you represent (e.g. Geneva)?

3. Which organization type do you represent?

- | | |
|--|--|
| <input type="checkbox"/> Local/regional government | <input type="checkbox"/> Health |
| <input type="checkbox"/> National government | <input type="checkbox"/> Criminal justice |
| <input type="checkbox"/> Child protection | <input type="checkbox"/> Nongovernment organization |
| <input type="checkbox"/> Academia/research | <input type="checkbox"/> Other, please detail: |

4. What is your role in the Healthy Cities Network?

- WHO technical focal point for your city (Healthy city coordinator)
- WHO political focal point for your city (Healthy city politician)
- Other, please detail:

COVID-19 IMPACT ON VIOLENCE AGAINST WOMEN AND CHILDREN

5. Is your city/local authority or are local NGOs/others in your city collecting data on violence against women and children during the COVID-19 pandemic?

- | | | | |
|---------------------------|------------------------------|-----------------------------|-------------------------------------|
| Violence against women | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Violence against children | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

If Yes, please provide details, and copies of or links to relevant documents/resources/key contacts

If available, please provide details of the reported levels of violence among women and/or children during the COVID-19 pandemic (e.g. increased percentage of calls to helplines or police/health data), ideally with comparisons to before the pandemic if available (e.g. for the same month in 2019). Please provide the data source, time period, violence type, population group and any other relevant details

Please see appendix for violence definitions

<p>Violence against women Including domestic or family violence, intimate partner violence, femicide, non-partner sexual violence, stalking, sexual harassment, cyber violence, trafficking</p>	
<p>Violence against children including physical, emotional or sexual maltreatment, neglect, infanticide, exploitation, trafficking, child marriage, bullying, cyber violence or youth violence</p>	

6. Based on the information provided above, to what extent has the COVID-19 pandemic impacted on levels of violence against women and children in your city/local authority?

If no data are available, please complete to the best of your knowledge.

Violence against women	Increased	Stayed the same	Decreased	Don't know
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic/family violence, including intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-partner sexual violence, e.g. rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Femicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Violence against women	Increased	Stayed the same	Decreased	Don't know
Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyber violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....				
.....				
.....				

Violence against children	Increased	Stayed the same	Decreased	Don't know
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child maltreatment – physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child maltreatment – emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child maltreatment – sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child maltreatment – neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child maltreatment – sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infanticide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth violence (aged 10–24 years) violence (e.g. fighting, bullying, threats with weapons, gang-related violence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....				
.....				
.....				

7. Has your city/local authority has collected data or is there anecdotal evidence specific to violence against women and children in any of the following populations during COVID19? If Yes, please provide details, and copies and/or links to relevant documents / resources/key contacts

Please give as much detail as possible, including links to relevant resources and please list key contacts such as NGOs who may be able to provide further insight

	Yes	No	Don't know
Migrant women and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trafficked women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless women and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled women and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women with caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic minorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Younger women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children in social care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women in social care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women and children living in poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious minorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....			
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PREVENTION AND RESPONSE STRATEGIES

8. We would like to know if and how service provision may have changed in your city/local authority for women and children affected by violence. Please consider the prevention and response approaches below, and indicate if the strategy was provided prior to and during the COVID-19 pandemic, and any changes to service provision (e.g. service availability, budget changes) or uptake as a result of the COVID-19 pandemic. We are keen to hear details of any changes that were made, any lessons learned and any reasons why the services were or were not provided during the pandemic

Prevention and response strategy	Provided prior to pandemic	Provided during pandemic	During the pandemic, was this service used more, same or less often	Details and reasons of any changes to provision or other important issues to consider
Health-care services providing care for women/ children experiencing violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Social welfare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Social protection for the most vulnerable children and households (e.g. food vouchers for poor families, school meals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Identification (and referral) by health services of risk for child maltreatment and intimate partner and sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	

Prevention and response strategy	Provided prior to pandemic	Provided during pandemic	During the pandemic, was this service used more, same or less often	Details and reasons of any changes to provision or other important issues to consider
Shelter services and emergency accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Home visiting programmes (e.g. family nurse partnership)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Parenting education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Medicolegal services for victims of rape and sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Psychosocial support for victims of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Emergency alternative care arrangements for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	

Prevention and response strategy	Provided prior to pandemic	Provided during pandemic	During the pandemic, was this service used more, same or less often	Details and reasons of any changes to provision or other important issues to consider
Child protection case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Care and protection for children in institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Helplines to report violence against children and access support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Helplines to report violence against women and access support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Legal counselling services for women who experience violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	
Others, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> more <input type="checkbox"/> same <input type="checkbox"/> less <input type="checkbox"/> don't know	

INNOVATIVE STRATEGIES

Has your city or any NGO/service provider implemented any local/national plans, policies or interventions for preventing and/or responding to violence against women and children as a result of the COVID-19 pandemic? We are especially keen to hear about any innovative strategies based on your local situation and needs, even if they were small scale, e.g. using code words in pharmacies or free hotel rooms for abused women and children. Please also consider any programmes targeting the vulnerable populations outlined in question 7.

Yes - national

Yes - local

No

Don't know

If Yes, please provide details, and copies of or links to relevant documents/resources

9. Considering any innovative strategies listed in above, please state why each strategy was necessary on top of the existing service infrastructure, and how the strategy was funded

10. During the COVID 19 epidemic, did your city/local authority earmark additional funding/ budget to violence against women and children prevention or response?

Yes

No

Don't know

If Yes, how much and for which programmes specifically:

11. What circumstances made addressing and responding to violence against women and children during the COVID-19 pandemic challenging in your city? Please provide as much detail as possible

Thank you for taking the time to complete this survey

ANNEX 2. GUIDE FOR KEY INFORMANT INTERVIEWS

Background
1. Name of respondent
2. Name of organization
3. Position of respondent
4. Organization's country
5. Organization's city/region
6. What is the geographical coverage of your organization
7. Who does your organization provide services for? E.g. women or children or women and children
«We would first like to ask you some questions regarding service provision during the pandemic»
8. <ul style="list-style-type: none"> a. How did the COVID-19 pandemic affect the services that your organization provides? b. Were you unable to continue providing any services that you previously provided before the pandemic began? c. Did you provide any additional services as well as, or instead of, those that you provided before the pandemic began?
If answered No to Q8b, move to Q10, if answered Yes to Q8b, move to Q9
9. <ul style="list-style-type: none"> a. How did the new service(s) work? b. What challenges did you face in implementing the new service(s) c. Did the new service provision result in any benefits or negative impacts d. Will the additional service(s) continue post-pandemic?
10. <ul style="list-style-type: none"> a. How did the COVID-19 pandemic affect the demand for services at your organisation? b. Why do you think this was? c. If it increased, how did your organisation cope with the increased demand? d. If it decreased, what were the main reasons for this?
11. Which lockdown measure or measures do you feel had the greatest impact on your ability to provide services during the pandemic?
12. Before the pandemic, what were your organization's top three priorities?

- 13.
- a. At the current point in time, what are your organization's top three priorities?
 - b. If your answer to Q13 has changed from your answer to Q12, why is this?

- 14.
- What is your organization's main source of funding?
 - b. Did this funding source continue throughout the pandemic?
 - c. Did you receive any additional financial support from the government or other organization during the pandemic?

- 15.
- a. Do you feel adequately prepared for a second lockdown?
(ensure first that this question is suitable/relevant for the respondent's country)
 - b. If No, what would your organization need in order to be better prepared?

- 16.
- a. Were there any innovative services or methods of service delivery that you discovered when adjusting to the COVID-19 pandemic?
 - b. Would you like to see any of these innovative strategies implemented in the long term? If so, why and what would be required to implement them?

«We would now like to focus specifically on vulnerable populations»

17. Does your organization work with any vulnerable populations? E.g. migrants, refugees, religious minorities, LGBTQI, homeless, elderly, sex workers, etc.

If answered No to Q17, move to Q21

18. Did your organization bring in any new measures to ensure these vulnerable populations were supported throughout the pandemic?
- a. If Yes, please provide details
 - b. Were there any measures that were not implemented but that you would have liked to have seen implemented to support these vulnerable groups throughout the pandemic? If Yes, what are they and why are they needed?

- 19.
- a. Do you feel like the populations referred to in q17 were disproportionately affected by the covid-19 pandemic? if Yes, how and why?
 - b. Regarding the vulnerable populations mentioned in q17, did you notice an increase in reports of violence within these populations during the pandemic? if Yes, please provide details

"We would now like to ask you about levels of violence during the pandemic"

19. Did your organization collect data on levels of VAWC* during the pandemic?
- a. If Yes, please summarize what you found, are you able to share this data with us?
 - b. If No, do you believe that violence increased/decreased in your region during the pandemic?
- *make this relevant to the respondent's organization, e.g. if child-focused just state VAC

21. Did you notice changes in the types of violence reported against women during the pandemic? If so, please elaborate

22. Did you notice changes in the types of violence reported against children during the pandemic? If so, please elaborate

23. Since February 2020, did you notice any other changes for the situation of violence in your region?

24. Is there anything else that you would like to tell us regarding your organization and the COVID-19 pandemic?

25. Is there anyone else who you think we should contact regarding VAWC during COVID-19?

End of survey. **«Thank you very much for taking part in our survey»**

ANNEX 3. SEARCH STRATEGY

Media and literature search strategy

Reports had to be published between 1 January and 17 September 2020 and concern the COVID-19 pandemic and VAWC. For non-Russian language articles, the search was conducted in OVID, restricted to Ovid MEDLINE and In-Process and Other Non-indexed Citations and Daily with no language restrictions. Online news reports in English were found using the International Newsstream of ProQuest, limited to the Asian, European and Middle Eastern newsstreams with no language restrictions. The search included terms related to COVID-19 and VAWC and was restricted to WHO European Member States. Reports were exported into Excel and screened for their full text. A separate search was conducted in Russian using Google Scholar with a translation of the search strategy “violence AND COVID-19”. Google Scholar linked to eLibrary.ru and CyberLeninka. Searches were conducted using East View Information Service for Russian language media reports. To increase coverage, an additional search was also conducted in Yandex.ru. A hand-search was conducted for Radio Liberty’s central Asian branches, as well as Sputniknews; including the countries of central Asia and eastern Europe. Results of the hand-searches were exported manually and then a reviewer screened the abstract/title to extract relevant documents. In addition, websites of high-level organizations and any webinars from these were searched in both English and Russian and any reports that met the inclusion criteria were included for the full-text review. The full text of documents included at the title and abstract stage were then screened for inclusion.

Three reviewers contributed to the screening of the media reports and publications and data extraction. A trial screen and data extraction was conducted where each reviewer screened and extracted data in parallel for a subset of search results. The results of the trial screen were compared between reviewers and, once consistency was confirmed, each reviewer separately screened and extracted data from an allocated percentage of the database search results: 10% of the data extracted by each reviewer, excluding the Russian language search, were checked by a second reviewer to further ensure consistency.

Inclusion criteria for any article, study or report were to have data on changes in service demand, and/or at least one measure implemented in the context of the COVID-19 pandemic either in response to or to prevent VAW and/or VAC across any of the 53 Member States of the WHO European Region.

Studies were excluded if they did not provide at least one measure, or only recommended measures without stating that they had been implemented.

The ProQuest search for media reports yielded 1610 reports (after removing duplicates) to be included in the full-text search. The Russian language media search yielded 95 results for full-text screening. Of the 1705 screened reports, 452 media reports provided examples of measures to respond or prevent VAWC during COVID-19, or data on levels of VAWC service demand during COVID-19, and were, therefore, included in the analysis. The publication search using the OVID database yielded a total of 157 publications, out of which 22 were included in the full-text search. The Russian language database search resulted in seven publications, of which three were included, resulting in a total of 25 publications for inclusion in this report. The hand-searching of both Russian and non-Russian language grey literature reports of international organizations and NGOs and CSOs resulted in 158 additional unique reports that were also included.

Data collection for service demand

All included results from media searches, the survey, interviews and hand-searching related to service demand were stored and analysed within an Excel workbook. For each data point, information extracted included:

- percentage change in service demand (or raw data and percentage change);
- the dates the data related to during the COVID-19 pandemic and the comparison period (e.g. same period previous year);
- the data source (e.g. police);
- the measure (e.g. calls, offences); and
- the Member State.

Data were collated to present an overview of changes in service demand for each violence type (e.g. sexual violence) within each sector (e.g. health).

Data collection for measures

For each measure, the description of the strategy was extracted and the measure grouped as “government led and/or sponsored” or “NGO and civil society”. Where a measure was led by a government and at least one NGO or CSO, the measure was labelled as “multiple”. Measures led by local NGOs or CSOs together with external country governments or United Nations agencies were labelled as “NGO and civil society”; those funded by the EU were considered “government led and/or sponsored”. Where the leading body was unclear from the extracted text, a Google search was conducted for clarification; if it still remained unclear then it was labelled “unclear”. Each unique measure contained in the text extract was also assigned a topic code that emerged from the data. These topic codes were used to group the data with similar responses. Topic codes were created through thematic analysis at the data extraction stage, as the researchers’ understanding of the types of strategy used were developed. Where responses fell under multiple topic codes, the reference was duplicated so that it could fall under each code. Following this, the data were further grouped within each of the topic codes to allow for a more detailed analysis. The country, region, date of publication and the source of the data (where available) were also extracted.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Austria	Monaco
Azerbaijan	Montenegro
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Belgium	North Macedonia
Bosnia and Herzegovina	Norway
Bulgaria	Poland
Croatia	Portugal
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ISBN 978-92-890-5640-3



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