



# The Parallel Pandemic: Domestic and Gender Based Violence during COVID-19 in The Gambia

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## Situational Analysis

### GBV in The Gambia: The Status Quo & COVID-19

Human rights violations specifically targeting women have been documented for decades. Violence against Women and Girls (VAWG) in public and private spheres, including sexual and gender-based violence is one of such. Although, SGD 5.2 calls for the elimination of all forms of violence against women and girls by 2030, limited progress has been made by countries in West Africa including The Gambia towards the attainment of this target.

Similar to other countries in the sub region, The Gambia has a high GBV prevalence rate. In the status quo, 1 in 4 women aged 15-49 years will become a victim of sexual and gender-based violence and 26% of ever-married women have experienced physical, sexual and emotional violence by their husbands or intimate partners. About 24% of ever-married women have physical injuries due to intimate partner violence. The occurrence of GBV in some communities in The Gambia has been 'normalized' to the extent that 40% of women believe it is acceptable for their partner(s) to hit them.

Female Genital Mutilation (FGM) and Child Marriage continues to terrorize women and girls in The Gambia. 75% of women and girls within their reproductive age have undergone FGM, while data showed that 30% of women aged 20 to 24 years were first married or in union before age 18. These acts in themselves have negative health and social implications, but alas, they are still prevalent because of social and cultural factors.

Although men and boys may be victims of sexual and gender-based violence, the preponderance of

evidence suggests that women and girls are much more likely to be abused and the effects of this on them are immense.

For a country that already struggles to ensure positive reproductive health outcomes among women and girls given infrastructural constraints, policy deficits and existing negative social norms, it is quite worrisome that GBV has gross health effects on the reproductive health of women and girls. In pregnant women, GBV could trigger high-risk pregnancies resulting in preterm deliveries, chorioamnionitis, increased operative delivery, placental abruption and intrauterine fetal death. Studies have shown that sexual dysfunctions, pelvic inflammatory diseases, sexually transmitted infections (including HIV) and infertility may arise as a result of sexual violence.

Women and girls sustain physical injuries and deformities that do not only affect their physical appearance but in certain instances, their ability to go about economic and social activities. Many women have lost their livelihoods and financial independence because of their experiences of GBV.

Although the government has put in place certain policies and legal instruments that criminalize acts such as rape, assault, defilement etc., there are gaps with enforcement, thus GBV continues to thrive.

During emergencies such as COVID-19, the risk of violence, exploitation and abuse is significantly increased for women and girls<sup>1</sup>. This is exacerbated as the limited national and community systems that respond to GBV and protect women and girls are further weakened especially with the enforcement of lockdowns and social distancing measures. Lessons learnt from the Ebola Outbreak are instructive of these facts, as all essential resources were shifted towards

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<sup>1</sup> IASC Guidelines for integrating GBV interventions in humanitarian action, 2015. <https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines-lo-res.pdf>

Ebola management in some countries and the protection and care of vulnerable women and girls were overlooked. This led to a major spike in incidences of GBV.

According to the UN Gender in Humanitarian Actions Groups in Asia and Pacific, West African Regional office of both UNFPA and UNICEF, there is a crucial need to support health workers to mitigate the impacts of COVID-19, by ensuring the continuity of essential services including GBV services and psycho-social support services using an integrated approach that is built on a strong referral pathway and accessible to the smallest units in the local structure.

### GBV During COVID-19: Manifestations & Experiences

A quantitative assessment employing Key Informant Interviews was conducted on the manifestation and impact of GBV during the pandemic and the assessment revealed a number of things about the realities that women and girls in The Gambia face as it pertains to GBV in the midst of the current pandemic.

Key informants (KIs) revealed that pre-existing gender-related narratives have been aggravated due to lockdown measures put in place to mitigate the spread of infections. In The Gambia, where women make up the majority of the informal sector, an estimated 52,000 people are at risk of losing their jobs in both formal and informal sectors.<sup>2</sup> The situation is even worse in rural areas where more than 69% of people live below the poverty line<sup>3</sup> and are mainly dependent on agricultural activities. This economic loss has impact on the increased risks of GBV. Some of the KIs mentioned that the frustration and anxiety surrounding the loss of jobs, has essentially caused panic, fear and anger among men who are supposed to be the breadwinners for their homes.

Their ability to provide, food, shelter and clothing for their households, is often seen as where their legitimacy as an authority over their household comes from. **With that authority at risk of being questioned, it is likely that men will resort to violence to ensure that they continue to exert power and authority over their wives and households.**

Presently, there are **no emergency shelters or safe houses for survivors fleeing abusive homes, meaning that there is no support to assist women and girls with sheltering services in the event they want to leave their abusers.** In some cases, the best that survivors receive is being sent to the Home for the Elderly. For some survivors the absence of such places where their children at least can be relocated to, often causes them to live with their abusers. In the middle of COVID-19 with the likelihood of an increase in the incidence of abuse, victims are going to have to figure out on their own safe places to escape to, this is not only dangerous but could influence them to remain in their abusive relationships.

Again, with **efforts and resources invested in the fight against COVID-19, women and girls are faced with an even greater challenge of accessing healthcare when they are abused; physically or emotionally.** With most informal jobs halted due to the outbreak, women and girls who rely on agricultural and trading activities for income are left with next to no funds and are unable to access certain aspects of healthcare. Even though, in recent years, medical care for a GBV survivor has become free, there are still aspects like laboratory testing that are costed and paid for by the survivor/victim, this can discourage victims/survivors who cannot afford these services from accessing them.

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<sup>2</sup> See socio-economic Impact of COVID19, brief #4.

<sup>3</sup> See socio-economic Impact of COVID19, brief #4.

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### Recommendations

Recognizing that GBV occurs within the communities of The Gambia and its occurrence is most likely to increase during the pandemic, it is important that measures are put in place to mitigate the threat that GBV poses to women and girls. If appropriate measures are not put in place to mitigate the identified challenges, The Gambia, might not be able to adequately deal with the socioeconomic backlash that may result from the pandemic, once it is over.

Thus, UNFPA The Gambia recommends:

**The integration of GBV prevention and service provision efforts into national and partner COVID-19 response plans.** There is a need for a rigorous service mapping to design an up-to-date multi-sectoral referral pathway.

**The creation and/strengthening of One Stop Centres (OSC) to adequately provide essential services for women and girls.** Each region in The Gambia should have at least one OSC with various service providers, such as doctors, GBV service providers, legal counselors and police along with a structured referral pathway. Additionally, periodic safety audit and facility readiness assessment should be put in place to develop a standard operating procedure for OSCs.

**The creation of shelters, safe spaces and halfway homes with overnight facilities for vulnerable and affected women and girls.** Every region should be provided at least one “Women’s Multi-Purpose Center” with comprehensive psychosocial support services and GBV case management programmes. This should also include night stay provisions for those fleeing abusive homes. As such, this house should have enough space to conduct various psycho-social and recreational activities.

**The provision of remote and online protection and response services for women and girls, including psychosocial support services.** There is a need to establish a dedicated hotline for women and girls so that they are given information about their rights. Awareness of this designated hotline for women and girls needs to be disseminated widely. Additionally, dedicated support services could be provided through Twitter and Facebook for young people on GBV prevention, gender equality and any other information on human rights protection. To ensure a wider reach, especially in remote rural areas, radio programmes on GBV awareness can be provided on a regular basis.

**Intensifying advocacy and awareness campaigns that target women, men at home and communities.** Community structures should be enhanced to prevent GBV and support people with mass information dissemination, including reporting on various challenges that aggravate GBV and harmful practices. These structures can play a great role in enhancing community surveillance systems to prevent GBV.

**Develop a GBV referral pathway that integrates protection, case management and law enforcement including decentralized services through community structures.** In order to effectively construct such a pathway, police officers should be trained in gender and child friendly policing. They should also be provided the needed logistical support to ensure timely and quality services for women and girls. Again, the Ministry of Women, Children and Social Welfare should establish a multi-sectoral GBV case management service with a dedicated GBV officer. When the OSC receives a case after a one-time PSS service, the social worker should refer this case to the GBV officers for further support.