



Written Submission from the Anglican Consultative Council and Mothers' Union

June 2020

RE: Call for submissions from the United Nations Special Rapporteur on Violence against Women: COVID-19 and the increase of domestic violence against women

Introduction

The Anglican Consultative Council, a non-governmental organisation in consultative status with the Economic and Social Council since 1985, is the legislative and policy-making arm of the worldwide Anglican Communion's 85 million members across over 160 countries. Mothers' Union is a non-governmental organisation in consultative status with the Economic and Social Council since 2000. Mothers' Union is a global, women led, volunteer Anglican movement with 4 Million members in 83 countries and exists to give a voice to the stigmatized and vulnerable around the world, particularly in the area of gender justice.

The Anglican Consultative Council and Mothers' Union welcome the opportunity to submit information to Ms. Dubravka Šimonović following the impact of the COVID-19 pandemic on domestic violence as Anglican churches and communities have been impacted and sought to address this challenge in a multitude of ways.

On behalf of the Anglican Consultative Council, the Anglican Communion's Office to the United Nations and the Anglican Communion Office's Director of Gender Justice have worked with Mothers' Union to collect the information compiled in this report, which has been sourced from respected members of Anglican dioceses and provinces and leaders of local Mothers' Union chapters from around the world. We are reporting on the countries of New Zealand, Burundi, Guyana, Canada, Uganda, Liberia, Congo, Australia, Papua New Guinea, and Rwanda, as well as the regions of Southern Africa, North Eastern Caribbean and Aruba (NECA), and the Indian Ocean.

Overview of Anglican Communion and Mothers' Union

Both the Anglican Communion and Mothers' Union are committed to gender justice throughout all Anglican Provinces and churches. The Anglican Communion works with and through the International Anglican Women's Network, the International Anglican Family Network and Anglican Safe Church Commission in its pursuit of gender justice for all. In response to the current pandemic, the Director for Gender Justice delivered a key [resource on Domestic Abuse and COVID 19](#) to equip churchgoers, neighbours and church leaders to respond to the issue during the pandemic and subsequent lockdowns in different countries. The church is often at the heart of the community in many countries around the world and sometimes the only place where survivors of sexual and gender-based violence can find comfort and support. It is a vital lifeline for many women. In many of these locations, Mothers' Union is the only organised and equipped group to be able to offer the long term support needed for recovery. Equally it is a trusted voice that can



mobilise and sensitise communities on issues than many INGO's would struggle to address without a level of community distrust or suspicion. Faith also plays a part in the recovery of a survivor with unconditional love and acceptance that Christ brings.

Mothers' Union has a number of programmes and local initiatives that work to build gender justice and challenge gender-based violence. As the impact of COVID 19 was felt across the globe Mothers' Union leaders from over 25 countries joined together virtually to share the initial and second order impacts in their local contexts. The Global consensus for second order impacts was that those already marginalised within communities were being further impacted and that domestic and gender-based violence was on the rise and the focus for Mothers' Union's work together during this period, building on our prior work, systems and experiences.

Reports on COVID-19 and the increase in domestic violence

The information compiled below has been sourced from respected members of Anglican dioceses and provinces and leaders of local Mothers' Union chapters from around the world in response to Ms. Šimonović in her call for submissions. For further information or clarification on any of the points raised in this report, please find staff contact information at the end of the document. We are committed as faith-based non-governmental organizations to continuing to work across the UN system to address injustices and inequalities through partnership and collaboration.

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

Domestic abuse has steadily increased in countries across the Anglican Communion, with particularly high prevalence noted in Uganda, South Africa and Liberia. New Zealand alone saw a 21% spike in calls regarding domestic violence or the threat of violence, and Guyana has also seen an increase in gender-based violence, rising from 4-5 reported cases per day, to the current number of 4-5 cases per hour. For small communities in North Eastern Caribbean, Aruba, and the Democratic Republic of Congo, there has been a large increase in violence against women linked to financial strain; however, because of underdevelopment, not enough data has been collected on this issue.

The region of Southern Africa has reported that more than 120,000 people contacted the National Helpline for Abuse, with the large majority being women and children. At Mthatha in the Eastern Cape Province and adjacent areas, during the COVID-19 period, there have been 684 reported cases of domestic violence and 208 reported cases of sexual assault. Burundi has seen a less steep rise in domestic violence since the number of COVID cases in the whole country was quite low, and therefore the government did not impose quarantine and victims were not forcefully quarantined with their abuser. Women and girls in Uganda have suffered from more frequent incidences of domestic violence and an increase in incest cases since the beginning of lockdown, mostly due to the economic strain and stress brought on by the pandemic. Liberian and Malagasy



women and girls have also been victims of abuse, including sexual violence, physical violence, withholding of food, salary and their passports by employers. In Rwanda, 65% of women experienced an increase of intimate partner violence, with statistics showing that physical violence rose from 20.7% of women to 37.1%. The Democratic Republic of Congo has also noted an increase in domestic violence.

In the province of New Brunswick, Canada, the COVID-19 pandemic has placed added stress on homes where domestic violence is an issue. At Crossroads for Women in Moncton, N.B., a shelter for families escaping domestic violence, clientele numbers have been lower than usual. The reduction in people seeking help has led to rising concerns for victims trapped in isolation with people who they fear. A volunteer that works at the shelter said, "People are stuck at home and don't have the same kind of flexibility in terms of when they can call, where they can find a safe place to call. We knew that's what was happening. People maybe couldn't get to a phone or couldn't get to email because they're actually housed with the people that are hurting them." The lower number of intakes is also attributed to fewer community resources available during the pandemic, such as facilities to refer victims of domestic violence to transitional housing.

2. Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?

Sources throughout the Anglican Communion and Mothers' Union can confirm that the countries of New Zealand, Guyana, Canada, Uganda, Liberia and Burundi have helplines run by both the government and civil society, which have reported an increase in calls regarding domestic violence as well as mental health issues. The hotline calls are toll free to prevent any obstacles in reporting. In New Zealand, Australia and Canada, there is also an emergency helpline specifically for children and young people, which receive both calls and texts, both of which increased by 60% since the beginning of the pandemic. Papua New Guinea also has a helpline that is run in partnership with the Child Fund, the Consultative Implementation & Monitoring Council (CIMC), the Family Sexual Violence Action Committee (FSVAC), and the New Zealand AID Program. In response to the COVID-19 pandemic, the service has increased its workforce to match. In the North Eastern Caribbean and Aruba, the government's Gender Affairs Department, as well as the Anglican Church have been running emergency hotlines available to victims.

The South African Department of Social Development has created a programme, the Victim Empowerment Programme, which runs toll-free numbers of emergency helplines for the victims of abuse. Non-governmental organisations (NGOs) also have their own helplines which are operated on a 24-hr basis. Reports from 33 NGOs showed that the emergency call center recorded more than 120,000 calls from the victims in the first three weeks of lockdown, which is double the calls the helplines usually receive. While call volumes have increased, there's no official, publicly available analysis of the calls, so it's hard to say how many were for domestic violence. Although helplines are available to everyone, the proliferation of illiteracy and lack of access to mobile phones disempowers some communities from reporting such incidences.



The Isange One Stop Center was established in 2009 by Rwanda National Police at the Police hospital to provide timely, affordable, comprehensive support to victims of gender based violence and child abuse. The center is a free service where survivors of gender-based violence can find medical care, psychosocial support, police and legal support. The center is a countrywide initiative in 44 locations. Both the national police and Isange One Stop Center has received more than hundreds of calls a day from people, most notably teen mothers and divorced couples. Rwanda also has civil society organizations like [RWAMREC](#) (The Rwanda Men's Resource Centre), an organization striving to reach out to men in order to promote gender equality through promotion of positive masculinities and male engagement approaches in development programs in Rwanda.

However, emergency helpline calls also been lower in some cases. In Canada, in each of its' provinces which are supported by the government, the number of calls has reduced. The cause is attributed to the feeling of entrapment felt by women and children who are unable to use the service because they live in close quarters and cannot do so without raising suspicion. Many countries have also seen that in many cases, there was a failure to denounce gender-based violence through emergency hotlines. This is partly because of cultural norms imposed on women to suffer in silence, as well as because of the fear of retaliation.

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

In Southern Africa, lockdown regulations are structured in such a manner that a woman victim can leave her home to report abuse or apply for a court interdict without any fear of intimidation, and the available shelters should provide accommodation for victims of domestic violence. Similarly, the Rwandan Ministry of Health has made it publicly clear that victims of domestic violence are exempted from restrictive measures to stay at home. They affirm that violence during quarantine is just as punishable of a crime. This follows the Ugandan government which has given victims of violence special protections by local authorities and persecuted perpetrators.

In the Democratic Republic of Congo, women must stay home without exception, but arrangements may be made to transfer her from her home with the abuser into a family member's home.

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

All the countries we surveyed, with the exception of Rwanda and the region of the Indian Ocean, have confirmed the existence and operation of shelters for victims of gender-based violence. The Canadian government, for example, recognized the potential danger COVID-19 could bring in terms of gender-based violence, and [announced an additional \\$50 million in new funding](#) to assist shelters. Guyana also reports that in-country shelters are well organized and open to the public.

The South African government has introduced one-stop care shelters, Thuthuzela Care Centers, at 105 localities across the county (though not in all municipalities), as a critical part of their anti-rape strategy and its push for accessible shelter for all municipal residents. However, they were



not open during Levels 4 and 5 of lockdown, having recently reopened during Level 2. Another issue is that there are no other alternatives when these shelters reach full capacity, and the homelessness toll in South Africa increases on a daily basis. In Liberia, shelters are now creating child friendly spaces to accommodate victims with children.

Many governments have been using individual residences and host families to lodge victims of abuse seeking refuge. In New Zealand, Women's Refuge is currently renting AirBnB properties and motels to house women and maintain the stipulations of lockdown. Similarly, Australia is complementing shelter lodging with temporary hotel rooms. Many countries are also using host families to complement the shelter system. In the North Eastern Caribbean and Aruba region, the Anglican Mothers' Union has teamed up with a group called Women Against Rape (WAR) which distributes victims of gender-based violence between willing host families. In Burundi, centers like Humura, Seruka, and Inabeza provide assistance and housing to women experiencing violence, however, if they reach capacity, the center lodges victims with host families. In countries like Uganda, there are very limited shelter alternatives so many victims stay within their homes, but are granted protection by local authorities. And in Congo there are no shelters available.

In Liberia, the government is running four safe homes in Grand Bassa, Bong, Margibi and Lofa, although reports say that the space is conducive to protecting survivors and are short on staff. But they accept victims at any time, although they often reach capacity.

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

In Burundi, Guyana, Southern Africa, Liberia, Rwanda, Canada and the North Eastern Caribbean and Aruba region protection orders and legal aid services have been available throughout the pandemic. Although Southern African courts have been operating on lower or "lockdown" levels, domestic violence cases are prioritized in all their courts. Canada's courts are also functioning on a lower level, having skeleton crews working in Social Development Departments in collaboration with the Department of Justice to support clients. In Papua New Guinea, the Family Protection Act was passed by the National Parliament in 2013, which makes protection orders available and accessible to the complainant.

Rwanda has maintained the availability of protection orders due to a governmental reinforcement of the civil order against abuse and harassment in public and in private. Unfortunately, in Uganda, although there are support helplines, protection orders are not accessible to victims. Even worse, in the Indian Ocean region and in Congo there isn't access to protection orders since COVID-19 measures have not been a priority of the government's.

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

Forced to work with a skeleton staff, the courts of Canada and South Africa courts were open virtually and via email correspondence, prioritizing urgent cases. Nonetheless, several proceedings



were delayed. South Africa enjoys a strong justice system, having a Women's Council Representative within local authorities that assists victims of gender-based violence. The government has also put in place programs and laws to protect victims of domestic abuse during lockdown, one of which is the Isibo Program, enacted within villages.

Our sources in Guyana, Papua New Guinea, Uganda, Liberia and the region of North Eastern Caribbean and Aruba have confirmed that courts are open during the pandemic, including for cases of gender-based violence. However, in Uganda, Burundi, Madagascar and South Africa, although the courts are open, there are reports of rural women suffering in silence, either because they have difficulty accessing courts in the city, are afraid of reprisals if perpetrators are released, and the fear of losing financial support from the perpetrator.

Australia's courts were closed during lockdown, but are beginning to reopen with only the judge to prevent backlog of cases. The courts of the Democratic Republic of Congo are only running minimum services.

7. What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.

In New Zealand, health services, except hospital and emergency department, have moved their operations online. Family planning services are encouraging patients to look for alternative treatments during lockdown until services are open for in-person consultations. Canada is going through a similar situation where reproductive clinics were closed but consultations are being held virtually or over the phone. In Australia, IVF clinics closed down and breast and cervical screenings dropped by almost 50%.

In the Indian Ocean region, health services were available but were limited, primarily because of the lack of personal protective equipment distributed to personnel, which led many of them to retreat from work. South African and Liberian health services were not closed or suspended during lockdown. Local clinics are operational and social distancing is respected. Health services also reach deep rural communities through mobile facilities, and there are reports that patients are being given a three-month supply of medication and contraceptives. Although facilities were open during the lockdown, it was difficult for many to arrange transport to reach these facilities, especially during phases 4 and 5. The same issue was observed in Guyana where rural community members experienced difficulty in accessing health services due to the limitations put on public transportation during the lockdown. This proved to be a big obstacle for carrying mothers in Uganda and Papua New Guinea, who were forced to walk miles to health centers in order deliver their babies. Many of these mothers did not reach the health center and were forced to deliver on the street, which led to complications and death in some cases.

In North Eastern Caribbean and Aruba, women have been able to access health care at most clinics and hospitals in an emergency capacity during the lockdown period. The measures taken by the Burundian government did not restrict access to healthcare either. The same was observed in



Rwanda, where measures during lockdown did not lead to the closure or suspension of women's health services. In some situations, existing services were complemented with virtual medical consultations (although this proved to be an obstacle for people without access to electronic devices and the internet). Similarly, in the Democratic Republic of Congo health services remained available but operations were reduced, with many people abstaining from seeking care due to the fear of contracting the virus.

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

The COVID-19 pandemic exacerbated inequalities in every country, especially for women and girls. The lack of freedom in mobility and isolation, resource limitation, and cultural norms have posed tremendous obstacles for women and girls who are victims of violence in the domicile.

In Guyana and Liberia, without any readily available modes of transportation, it proves to be hard to remove victims and their children from abusive households and into shelters. The same goes for the DRC, where NGOs have no access to the victims so it is difficult for them to remove them from abusive situations. With the strict implementation of isolation measures, we have observed that women and children in Canada are trapped at home with their abusers. With schools closed, teachers who were often the "eye on the ground" to alert child protection services can no longer do this, so child abuse has also increased. New Zealanders have also found that sheltering in place orders have put a strain on already fraught relationships, leading to an escalation of tension and ultimately violence.

Resource limitation has also been a major contributor to gender-based violence. Uganda has noted that domestic violence requires a community effort that comes with financial implications for the organization of activities and support groups, resources that are no longer available. The lack of liquidity also translates into food insecurity, as is observed in the capital city of Kigali in Rwanda, which then leads to domestic violence. In one Anglican diocese, two cases of family abandonment were registered due to food insecurity. In Liberia, economic constraints make it difficult for NGOs to carry out their work against gender-based violence effectively, including providing food, care packages, staff salaries, and medical treatments for victims.

Cultural dogmas have tremendously influence the amount of domestic violence cases that have been reported. In the region of North Eastern Caribbean and Aruba, domestic expectations of women have increased since the beginning of the pandemic. Women are being expected to work, take care of the children and the home without help from their partners, which leads to more control and the reversal to harmful gender norms. In Burundi, parishioners have reported that many perpetrators forbid their victims from speaking out by taking away all their communication means. In Madagascar, Uganda, and Burundi, cultural norms portray women as the dutiful wife, expected to stay silent about abuse.

Reports from South Africa identify the following obstacles presented to women in the fighting domestic violence: 1) Police stations are far from homesteads; 2) Network connection is a



challenge in rural areas; 3) Lockdown restrictions on transports and mobility, and financial constraints gave perpetrators power and control over their victims. 4) There is an increase in demand for shelter housing for domestic violence victims; 5) Social gatherings, home visits or meetings that could've been of help are banned making it difficult to communicate or reach out to them personally. For example, some members of the Mothers' Union would do house calls to those within their communities and report abuses to local authorities, but with the COVID-19 restrictions these measures weren't possible.

9. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.

In Guyana, the national government and NGOs are providing basic food packages and cleaning agents to families, and safe shelters for victims and children along with counselling services. The government is also increasing police protection and legal aid services. The media has begun an educational campaign on COVID-19 and prevention, and gives regular updates on the progression of the virus both locally and regionally. The North Eastern Caribbean and Aruba region is undergoing similar changes as the government provides help in the form of stimulus, food packages and pay-outs to help families, which eases the economic strain and therefore reduced violence against women in the home.

The New Zealand government has set up a website that provides information on resources victims of violence can access. The government is also pushing the "Family Violence: It's NOT OK" campaign, which brings awareness to family violence and helps victims escape abusive situations. In Liberia, the government, in partnership with civil society, has set up a Pillar program headed by the Ministry of Gender, Children and Social Protection during COVID-19 that is meant to raise awareness on the issue of gender-based violence. And in the North Eastern Caribbean and Aruba region governments are encouraging families to garden together by providing several types of seedlings in order to create bonds and help with food insecurity.

In the Province of Nova Scotia in Canada, there are initiatives to prevent domestic violence by disrupting cycles of deep-rooted violence by enacting policies that better support and respond to people's needs. They plan to support victims of domestic violence with an improved system of programs that helps them rebuild their lives and prevent violence in the future by understanding and promoting gender equality. Community groups and organizations will test new, innovative ideas and explore best practices for preventing domestic violence, supporting victims, and ultimately changing outcomes for women, girls, families and communities. During this phase, grants will be available to help organizations accomplish their goal.

10. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.



Within the Anglican Communion, representatives have been giving talks on gender-based violence and victim resources, as well as conducting online sermons, webinars, and radio talk shows on how to spot victims of domestic violence and get them the necessary help. The Anglican Communion Office's Director of Gender Justice has also released a report to help Churches approach the topic of domestic violence during the pandemic with their congregations.

In Canada, the White Ribbon Campaign, supported by Status of Women Canada and federal government, is the world's largest movement of men and boys working to end violence against women and girls, promote gender equity and redefine masculinity. Australia also notes an increase in awareness on violence against women, continuing to experience a larger number of ads on the topic on national TV.

New Zealand's Matt and Sarah Brown have started a social movement called "She is not your rehab" to encourage men to take responsibility for their pain instead of abusing their partners. The #HakaAgainstViolence social media challenge asks families to film their "haka" (traditional dance) and posts these videos on their Facebook page. The movement is meant to encourage conversation and bring attention to domestic violence in New Zealand.

In Uganda, Myanmar, Tanzania and DRC, Mothers' Union is using media, specifically local radio, as well as existing groups and networks in the communities to promote GBV awareness and prevention of COVID-19 and the link between the two.

Prior to COVID-19, in conjunction with other partners including UNICEF, Mothers' Union developed an approach that focuses on heart and mind dialogue for behavioural change, challenging cultural norms and the role that women and faith leaders have in propagating violence in the community. These tools and processes are now being further adapted to be used at scale, without meeting in-person to end violence, support healing and create gender champions from community to national level.

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