



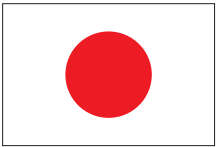
Review of good practices for remote service delivery to survivors of violence in the Arab States region.

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From the People of Japan

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1. Introduction

The COVID-19 pandemic and related social isolation measures have not only increased various forms of violence against women and girls (VAWG), both offline and online,¹ but have impacted on their access to quality, essential services. Civil society organisations (CSOs) are at the frontline of providing services to victims and survivors of violence and have been rapidly adapting to the new context. This report summarises global and regional trends and best practices and techniques for reaching out remotely to women and girls who experience violence, including during lockdowns and to survivors of online violence. It is based on a rapid desk review of the global and regional literature, with a particular focus on Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, State of Palestine, Tunisia and Yemen (see Section 2 for methodology).

The desk review highlights the following key global and regional trends (see Section 3):

- **Violence against women has increased both in frequency and severity** during the COVID-19 pandemic. While the early evidence was based on administrative data (e.g. police data, hospital records, hotline calls) and showed a more mixed picture, there is now increasingly rigorous data based on surveys (phone and online) that show violence has increased during the pandemic.
- **Women and girls' exposure to and experiences of multiple forms of online and ICT-facilitated violence have increased** as internet usage has risen during the pandemic. Online violence² can be sexual, psychological and emotional, and has the potential to lead to physical and economic harm. Authoritarian regimes are also using the pandemic to launch further attacks and monitor young women and their online behaviours.
- **Women and girls at highest risk of violence have found it even harder to access services** during the COVID-19 pandemic, particularly adolescent girls, refugee women, migrant women, women with disabilities, and ethnic and sexual minorities.
- **Access to quality, essential services to support survivors of violence has been disrupted** due to social distancing and stretched institutional capacity. Women-led CSOs have reported multiple challenges in providing services to survivors, including minimal resources, stretched frontline staff, limited or disrupted communications with communities, delays in training essential service providers.
- **Women-led CSOs have adapted their approaches to continue providing lifesaving services** for survivors during the pandemic, while remaining compliant with COVID-19 restrictions on social distancing. This report focuses on the transition to remote service delivery, but CSOs have also adapted their in-person work, such as creating transitional shelters for women to quarantine in before entering shelters, or integrating VAWG into wider packages of support.

There is an emerging, but limited, evidence base on how to reach out remotely to women and girls who experience violence, although this is an area that is receiving increasing attention both globally and in the region. Perhaps unsurprisingly, CSOs have focused their attention on delivering services rather than documenting their work. No evaluations could be found, and the examples that currently exist vary greatly in scale and scope. The lack of documentation makes it difficult to identify 'best' practice that can be transferred to other settings. We have instead referred to the examples as promising practices.

¹ Women and girls experience gender-based violence on a continuum throughout their lives. Therefore, where we talk about VAWG in this report we use this to be inclusive of all forms of violence, offline and online, and we include examples of emerging practice in supporting survivors of online violence throughout. However, we also include a section on additional considerations for survivors of online violence to draw attention to this growing problem, which will be important when looking to strengthen the capacity women-led CSOs to respond to these newer forms of violence.

² In this report we abbreviate 'online and ICT-facilitated violence' to 'online violence.' We use this term to be inclusive of digital technologies that do not make use of the internet. Many feminist organisations, including the Association for Progressive Communications, are now using the term 'online GBV' to show an understanding of the intersectional nature of violence and abuse that women and girls face.



Examples of how CSOs have adapted their services to remote service delivery are provided in Section 4 and include:

- **Establishing or scaling-up dedicated helplines** with trained staff to provide crisis support and information to women and girls.
- **Adapting to remote VAWG case management** so that caseworkers can continue to provide safe and confidential services over the phone to existing or new clients who have been referred.
- **Moving psychosocial and legal services online** via email, SMS, WhatsApp, social media messenger apps, as well as by phone, in order to maintain trust and communication with survivors. Some CSOs are using innovative remote services such as 24/7 SOS chat-based services. However, it should be noted that there are challenges here associated with the large digital technological divide.
- **Using technology to provide online support groups for survivors**, for example: creating social media groups on WhatsApp, Viber and Facebook; organising online social activities; and creating digital safe spaces where women and girls can come together to access information on VAWG, COVID-19 and stress management.
- **Providing VAWG service entry points and ‘low-tech’ alert systems within communities** for survivors to access services if they cannot use a telephone or online services safely.
- **Adjusting internal operations to prioritise the safety and health of staff during remote working.** Several women-led CSOs have shifted to operating from home and have conducted surveys of staff needs, including internet access, space, furniture, childcare and social-psychological needs. Some organisations have provided early payroll for staff to pre-purchase supplies and food or have paid for internet devices to work from home. Others have emphasised the importance of feminist care.

2. Methodology and evidence gaps

This desk review draws on a wide range of evidence, including academic and grey literature. Searches were identified using Google and relevant electronic databases (PubMed, Science Direct, and Google Scholar) for priority sources.

- **Search terms** included: violence, GBV, abuse, online, VAWG, VAW, domestic violence, intimate partner violence, IPV AND helpline, hotline, counselling, legal, case management, phones, remote, virtual, counselling, referral pathways, safety planning, digital, alert systems.
- **Focus:** Global and regional trends and best practices and techniques for reaching out remotely to women and girls who experience violence, including during lockdowns and to survivors of online violence.
- **Time period:** January 2010 - July 2021, with a particular focus on the COVID-19 pandemic of January 2020 - July 2021.
- **Publication status:** Publicly available - in almost all cases published online.
- **Geographical focus:** Global and regional, with targeted searches of Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, State of Palestine, Tunisia and Yemen.
- Includes a focus on **intersectional approach** to understand trends and best practice for different groups of women and girls, exploring the role of age, class, race/ethnicity, sexual orientation, disability and gender identity.



The evidence base on global and regional trends is growing, with considerable evidence now showing that multiple forms of VAWG have increased during the pandemic (both offline and online). Some of the earlier information showed a mixed picture due to relying on administrative data (e.g. police calls, hospital records, hotline calls), but over the last year there is a growing body of more rigorous data showing the increasing prevalence of violence. However, there is limited disaggregation of data by age, disability, ethnicity, race, and different social groups, which makes it challenging to identify trends and develop evidence-based approaches for reaching out to women and girls who experience disproportionately high rates of violence, for example adolescent girls, those living with a disability, racial and ethnic minorities, and lesbian, gay, bisexual, transgender, queer or questioning and intersex plus (LGBTQI+) persons.

In comparison, there is relatively limited information on best practices. Few initiatives have been well-documented, let alone rigorously evaluated due to the lack of funding. It is therefore difficult to refer to the examples as ‘best practices’, but rather as emerging good practice. Within the Arab States region, there are several examples of good practice, particularly from Lebanon, Iraq and Morocco, with comparatively limited documentation of examples from Yemen, Libya and Syria. Key evidence gaps include:

- Detailed case studies of how CSOs have adapted their services during the COVID-19 pandemic, including any challenges or lessons learned.
- Effectiveness of different remote methods in reaching survivors.
- Inclusiveness of different approaches in reaching the most at-risk groups and bridging the digital gap in the region.
- Effective approaches taken by CSOs to tackle online violence.

3. Global and regional trends

Violence has increased during the COVID-19 pandemic

Globally, there is increasing evidence across diverse settings and populations that violence against women increased both in frequency and severity from pre-pandemic through various stages of the pandemic (Bourgault et al, 2021). Using the [evidence tracker](#) developed by the Center for Global Development, we have pulled out the key global evidence on the impact of COVID-19 on violence against women and mapped it in Annex 1. Out of 64 studies that track change, 64% show an increase in violence (41 studies), 16% show no change (10 studies), 14% show a decrease (9 studies), and 6% have mixed results (4 studies). It is worth noting here that studies which show a decrease or mixed results are more likely to have been conducted at the start of the pandemic and be based on administrative data (e.g. calls to emergency services, calls to hotlines, hospital admissions). The most recent data show a much clearer picture of increases in violence against women and are based on survey data collected by phone or online (Bourgault et al, 2021).

A similar pattern of increasing levels of violence against women during the pandemic can be found in the Arab States region (see box below). A survey of 490 Arab women in the region, aged 18 years or over, found a significant increase in women’s exposure to intimate partner violence of 7.3% during the lockdown, specifically for physical and sexual violence, as well as psychological abuse. A key predictor of increased violence was family income, and whether the husband lost his job during lockdown (El-Nimr et al., 2021).

Regional data shows an increase in levels of VAWG during COVID-19



- **Jordan:** An online survey of 687 women found that the proportion of women experiencing violence quadrupled during the pandemic from 10% to 40%. Parents were the most frequently reported perpetrators (Abuhammad et al., 2021).
- **Kurdistan region, Iraq:** Significant increases in violence were observed from 32% in the pre-lockdown period to 39% in the lockdown period in an online survey of 346 married women (Mahmood et al., 2021).
- **Iraq:** 65% of service provision points reported an increase in gender-based violence (GBV), with 94% of these reporting a sharp increase in domestic violence (GBV Sub-Cluster, 2020).
- **Tunisia:** Calls to the toll-free numbers run by the Ministry of Women from families, children and seniors were nine times higher than usual in the first weeks of the lockdown (UN, 2020). From the beginning of lockdown until May 2020, 6,693 cases of violence had been reported to the national telephone number responding to instances of verbal, moral, physical, and sexual violence (Lannazzone et al, 2021).
- **Lebanon:** There was an increase in the severity and emergency nature of calls to a GBV helpline run by KAFA, a CSO, compared to previous pre-pandemic months. During the first lockdown in March 2020, more women were first time callers, reporting new incidents. Another CSO, ABAAD, reported an increase in women reporting death threats (UN Women et al., 2020).

COVID-19 has intensified existing forms of online and ICT-facilitated violence against women and girls

The rise of the use of the internet and other ICTs has led to the emergence of many new forms of VAWG online. This includes, but is not limited to, digital threats of death and violence, non-consensual sharing of intimate images and videos,³ cyberstalking, harassment, hate speech, cyber bullying, sextortion, publication of private information (including doxing), and electronically enabled trafficking. These newer forms of online violence are part of the continuum of gender-based violence that women and girls face throughout their lives and are rooted in the same systems of patriarchy, oppression and gender inequality as other forms of violence and discrimination in society. Those who experience multiple and intersecting discriminations, for example Black women and LBTQI+ women, and women in public life, for example women journalists and women human rights defenders, are often at increased risk of experiencing online violence and abuse. Online violence is also often an extension of in-person or offline forms of violence. It also negatively impacts the enjoyment of other human rights, including the right to privacy, freedom of expression and to have access to information shared through ICTs.

³ This is also known as image-based abuse and image-based sexual abuse (IBSA). It is also known as revenge porn. Many feminists reject the term 'revenge porn' because 'revenge' reinforces survivor blaming as it suggests initial wrongdoing on behalf of the woman, and the term 'porn' as it conflates images meant for private consumption with public content. See <https://www.genderit.org/articles/5-important-reasons-why-we-should-not-call-it-revenge-porn>



Prior to the COVID pandemic, online violence was a growing problem with women and girls experiencing sexual, psychological, emotional and financial violence and abuse online (UN Human Rights Council, 2018). Their exposure to and experiences of online violence can also result in physical harm, including suicide. The internet and ICTs can be used to perpetrate many different forms of violence, including sexual violence, abuse and exploitation, intimate partner violence, and harassment and trafficking of women and girls. Patriarchy, religion and social norms situate women as the primary bearers of honour and tradition, and women who engage in online friendships or relationships may be perceived to have acted inappropriately (Aziz, 2017). In conservative contexts, online violence has been linked to honour crimes, including honour killing, for example as a result of the non-consensual sharing of intimate images and videos (GBV AoR, 2021). As with offline violence, harmful social norms, including on women's bodies and sexuality, result in blaming and shaming of survivors with a culture of impunity for perpetrators. The impacts of online violence are long-lasting and have a profound psychological effect on women and girls due to the difficulties faced in removing harmful content and the potential for re-victimisation with sharing of harmful content.

Online violence against women in the Arab States region



- **Jordan:** 81% of respondents to a study have experienced at least one form of online sexual harassment (Lannazzone et al., 2021). Online violence is the second most reported form of violence in Jordan after domestic violence (UN, 2020).
- **Egypt:** 42% of participants to a study reported having experienced online violence in 2019, of which 45% reported having been exposed to the phenomenon multiple times (Lannazzone et al., 2021).
- **Palestine:** One third of Palestinian women have experienced sexual violence and harassment online (Lannazzone et al., 2021).
- **Lebanon:** 1 in 4 (24%) of those surveyed reported knowing or witnessing online harassment against a woman. Lebanese authorities reported that online sexual harassment and blackmailing had increased by 184% during the lockdown, with 41% aged 12-26 years (UN, 2020). Since the first lockdown begun, case managers working with survivors have also reported that more women and girls are being exposed to online sexual harassment and blackmail, with Palestinians and Syrian refugees being at highest risk (GBVIMS, 2021).
- **Morocco:** NGOs reported an increase in online and ICT related violence amongst adolescents and university students (Lannazzone et al, 2021).
- **Lebanon:** The Fe-Male's collective highlighted that more than a hundred cases of different forms of 'cyber-violence' against women are being reported each month and that during the national lockdown period alone, the percentage of reported cases of general cybercrimes tripled (Lannazzone et al, 2021).⁴

⁴ <https://www.fe-male.org/archives/13108>



As internet usage has increased during the pandemic, so have the risks women and girls face being exposed to online violence. There is now growing evidence globally (UN Women, 2020a) and regionally (Lannazzone et al, 2021) that levels of online violence have increased during the COVID-19 crisis, as part of the broader rise in VAWG - the shadow pandemic. A recent report for EuroMed Rights highlights this rise of online violence in the region and concerns that authoritarian regimes are using the pandemic to launch further attacks and monitor young women and their online behaviours (Ibid, 2021).⁵ The report also highlights the benefits of the same technology in helping women's rights organisations reach survivors remotely and providing a means for survivors to access support during the crisis, as well as the benefits more broadly to feminist movement strengthening and mobilising in the region.

Women and girls at highest risk of violence have found it even harder to access services during the COVID-19 pandemic

COVID-19 and the related government measures have exacerbated existing inequalities across a range of areas, including making it even harder for women and girls at high risk of violence to access services. For example, a survey by UN Women ROAS (2020) of 220 women-led CSOs in the Arab States region highlighted that many CSOs had observed that the pandemic had a 'double impact' on refugee women, migrant women, women with disabilities, and ethnic and sexual minorities, due to already high levels of violence and discrimination. In the Arab region, the pandemic and associated movement restrictions exacerbated the risks of violence and exploitation facing female migrant workers, particularly domestic workers and women employed under the sponsorship (kafala) system (UN, 2020). Women in the region who challenge rigid gender norms, including LBT women, public women and unmarried women, are at increased risk of specific forms of online violence (Lannazzone et al, 2021).

Women and girls with disabilities have also experienced challenges in accessing VAWG services during the COVID-19 pandemic (UN Women / Women Enabled International, 2021). Organisations for people with disabilities (OPD) reported, reduced access to members experiencing violence, due to lockdowns and social distancing measures. Research with OPDs in India highlighted the challenges in supporting women with disabilities who were experiencing violence due to a lack of privacy and challenges speaking freely on the phone to them (Rising Flame and Sightsavers, 2020). Recent research with OPDs in Bangladesh, Nigeria and Zimbabwe highlighted difficulties reaching survivors of violence, at a time when reports were increasing. Existing difficulties in supporting survivors, such as inaccessible transport and services, police attitude and capacity, were made worse, as a result of movement restrictions and limited funding during the pandemic (Disability Inclusion Helpdesk, 2021).

Government restrictions also meant that CSOs have found it challenging to provide services to women and girls in institutional settings, who are at high risk of violence from male staff and other residents. For example, the Mental Disability Rights Initiative in Serbia was no longer able to visit custodial institutions and Mujeres Transformando el Mundo in El Salvador was cut off from providing services to women in quarantine centres (UNTF, 2020a).

⁵ Since April 2020, the Egyptian authorities have prosecuted ten young women TikTok influencers for inciting immorality and violating family principles and values, citing cyber-crimes laws and other vague legal provisions <https://www.amnesty.org/en/latest/news/2020/08/egypt-survivors-of-sexual-violence-and-online-abuse-among-prosecuted-women-tiktok-influencers/>



Regional data shows women and girls facing intersecting discrimination are more at risk than ever



- **Adolescent girls in Gaza:** Qualitative research with adolescent girls revealed increasing household tension and violence, as well as increased fears about girls' safety and harassment when travelling due to limited transport options. The pandemic has limited girls' access to both basic and specialised health services, including psychosocial support at a time when girls' social support systems have been curtailed. Girls with disabilities are particularly badly affected (Jones et al., 2020).
- **Women with a history of mental illness in Tunisia:** A survey of 751 women found that women with a history of mental illness and who were abused during lockdown had more severe symptoms of depression, anxiety and stress. Over half reported extremely severe anxiety and depressive symptoms (57.3%) and extremely severe stress symptoms (53.1%). Women found it increasingly difficult to access support structures and services. Interestingly, the study also revealed that women with higher levels of distress are more likely to demonstrate 'problematic' social media use during the pandemic, with 40% of participants addicted to Facebook (Sediri et al., 2020).
- **Survivors living with HIV in Egypt:** The Al-Shehab Foundation reported that survivors of violence who were living with HIV had decreased access to anti-retroviral drugs due to the closed borders and movement restrictions (UNTF, 2020a).
- **LGBTQI+ people:** Most countries in the region have laws that criminalise or punish same-sex relationships and limit gender expression and identity. There are examples of state-sponsored online and offline violence and abuse against LGBTQI+ people. For example, in Egypt state actors have used technology to carry out arbitrary arrests and torture of LGBTQI+ people and prosecute them on the pretext of public decency (Lannazzone et al, 2021).

Access to services has been disrupted due to social distancing and stretched institutional capacity

Globally, COVID-19 has strained the already limited resources available to support survivors of violence. The pandemic has also restricted access to essential services for victims and survivors, including diverting the resources of justice, police and healthcare actors, which puts them at further risk. For example, a UN Women assessment in April 2020 revealed that in the State of Palestine, all VAWG services that require gatherings, face-to-face engagement, and field visits such as medical or legal assistance in shelters had stopped completely. Limited access to GBV services is exacerbated in conflict zones or humanitarian settings, such as in Libya, the Syrian Arab Republic and Yemen, or in areas where there are pre-existing movement controls, such as in the West Bank and East Jerusalem (UN ESCWA, 2020).

A survey by the UN Trust Fund to End Violence Against Women (2020a) of its 122 grantees, mostly women-led CSOs, found that grantees reported multiple challenges in providing services to survivors, including:

- minimal resources to respond



- frontline staff that are stretched and overwhelmed, due to increased demand for services and burden of care work in their own households
- limited or disrupted communications between staff and communities, making it difficult to ensure the safety of their front-line workers and the women they support
- safe houses and shelters struggling to procure food, maintain hygiene and health care, take new cases and maintain support for existing cases
- premises and staff diverted for COVID-19 screening and testing purposes
- delays in training essential service providers in survivor-centred approaches and coordinating referral pathways, due to prioritisation of COVID-19 response
- pauses in prevention programming, particularly community norm change or school-based activities.

Regional data shows disruption to service provision to survivors



- **Arab States region:** A survey of 220 CSOs in 15 countries found that 29% of respondents thought that hotlines for women survivors have been impacted by the pandemic, with increased numbers of calls and a need to adapt to provide remote counselling. 15% thought that shelters have been impacted, partly due to difficulties implementing social distancing regulations and testing for the virus (UN Women ROAS, 2020).
- **Iraq:** Nearly all (87%) of service points reported they had been impacted by movement restrictions at the start of the pandemic in March/April 2020. The movement restrictions hindered the identification of new cases and access to life-saving services for survivors. Half (50%) of service points reported the need for access letters from the relevant authorities as a pre-requisite to continue providing services. Compared with planned targets, case management reduced by 50%, psychosocial support by 60%, and awareness raising by 50%. Service points also reported delays in referrals and distribution of dignity kit activities (GBV Sub-Cluster, 2020).
- **Libya:** CSOs supporting women survivors of violence reported that their services have been affected by decreases in funding during the pandemic, including private donations and membership fees (Peaceful Change Initiative, 2020).
- **Tunisia:** Survivors reported difficulties accessing health facilities for initial medical certificates and forensic reports (UNTF, 2020a).
- **Morocco:** In the first few months of the pandemic when violence levels escalated and there was a strict lockdown, 99% of listening centres were closed (UNTF, 2020a).
- **Palestine:** The Palestinian Counselling Center was used by the municipality as a COVID-19 screening point, making it more difficult to maintain support for existing cases and take new cases without their premises (UNTF, 2020a).



Women-led CSOs have adapted their approaches to continue providing lifesaving services

The ongoing COVID-19 crisis has prompted shifts in the way in which women-led CSOs are operating and delivering VAWG services to women and girls, with many having to close safe spaces or limit in-person activities and transitioning to remote service delivery in part or in full. Many CSOs have transitioned to remote service delivery, which has not been without its challenges, for example:

- **Digital exclusion** of VAWG survivors who have limited or no access to technology, internet connectivity or without the ability, confidence or willingness to engage with digital solutions.
- **Concerns about safety and privacy** for survivors, including having a private space and their own secure device to make or receive calls. CSO staff face a similar challenge to safely deliver VAWG service in home-based work environments, with many staff not having a private space, mobile network coverage, or competing childcare or other responsibilities.
- **Varying levels of staff skills and confidence** to use digital technologies to deliver remote solutions.
- **Disruption to referral pathways** with the pandemic leading to closures or changes in the operating hours/locations of healthcare providers, legal services, gender desks at police stations, psychosocial and mental health organisations, and other partners.
- **Those working on the frontline experienced feelings of fear, anxiety, anger and helplessness** as they found themselves often quickly transitioning to new ways of working remotely. As well as dealing with the unpredictable and uncertain nature of the pandemic, they also had to deal with increased demands for their support at a time when services were stretched.



Section 4 will explore in greater detail some of the best practices and techniques for reaching out remotely to women and girls who experience violence.

Beyond remote service delivery, CSOs are also adapting their work to support survivors during the COVID-19 pandemic, for example opening new shelters or adapting existing shelters so they are compliant with COVID-19 restrictions on social distancing. Some CSOs have created temporary accommodation for women and girls to quarantine in before entering shelters (UNTF, 2020a). CSOs have also been adapting services to continue in-person support through the provision of 'essential services', for example integrating VAWG into wider packages of support, distributing dignity and hygiene kits (UNICEF ECARO, 2021).

Regional examples of how CSOs are adapting their approaches

- **Arab States region:** A survey in 15 Arab States found that 86% of the 220 CSOs interviewed had changed how they reach out to communities / women and girls, by using more technology-based platforms. 68% of organisations are now available on Facebook and 49% on mobile applications (UN Women ROAS, 2020).
- **Morocco:** The National Union of Moroccan Women (UNFM) has strengthened its remote platform, 'Koulounamaak' (All with you) and set up a toll-free number, 8350, to provide support to women experiencing violence (Ortino, 2020).
- **Iraq:** The Organisation for the Freedom of Women in Iraq (OWFI) has a slower intake to its shelter due to the extra precautions needed to prevent COVID-19 transmission. It assigned three members of staff to screen new beneficiaries for COVID-19 before admission to the shelters. Women, especially younger women, are using social media to reach out to OWFI, requesting to come into the shelter (UNTF, 2020a).



- **Palestine:** The Women's Centre for Legal Aid and Counselling (WCLAC) worked with the Ministry of Social Development to develop transitional shelters for women to quarantine for 14 days before entering shelters (UNTF, 2020a).

4. Best practices and techniques for remote service delivery

To date, there are few evidence-based best practices for reaching out remotely to women and girls who experience violence and remote service delivery tends not to be well-documented, let alone rigorously evaluated. This section therefore summarises emerging good practices, which are mainly drawn from practitioner-based lessons and experiences.

Key guidance

[COVID-19 guidance on remote GBV services focusing on phone-based case management and hotlines](#) (GBVAoR, 2020). This note provides guidance on how to adapt VAWG case management to be phone-based and how to establish hotline services during the pandemic. It includes advice on safety planning, updating referral pathways, documentation and data storage, and supervision and staff care.

[Not just hotlines and mobile phones: GBV Service provision during COVID-19](#) (Erskine, 2020). This UNICEF note provides suggestions for how to reach survivors who cannot easily access phone-based VAWG support during the COVID-19 pandemic.

[Best Practices Texting & Messaging with Survivors during COVID-19](#), ABAAD (2020). This short note by the Lebanese organisation, Resource Centre for Gender Equality (ABAAD), recommends best practices for CSOs using text messaging and other messaging platforms to communicate with survivors and women at risk of violence during the pandemic.

[GBV Case Management Guidance during COVID 19 General Mobilization](#), SGBV Task Force - Lebanon (2020). Provides advice to case workers on the VAWG case management processes during the 'COVID-19 General Mobilization' in Lebanon.

[Remote Gender-Based Violence Case Management during emergencies](#), UNFPA Lebanon and ABAAD (2021). This guide aims to help caseworkers and their supervisors to provide remote, survivor-centred VAWG case management during emergencies.

[Five Key Guidelines for Providing Remote Legal Aid to GBV Survivors](#), Legal Action Worldwide and Norwegian Church Aid (2020). Guidelines for legal aid practitioners on supporting survivors remotely.

[Digital Services Toolkit](#), National Network to End Domestic Violence (2021). Guidance on choosing technology platforms and vendors, with best practice for reaching survivors using digital tools.

[Guidelines for the Provision of Remote Psychosocial Support Services for GBV Survivors](#). UNFPA Mexico, Venezuela and Colombia Offices; the Latin America and Caribbean Regional Office (LACRO); and the Caribbean Subregional Office (SROC) (date unknown). This UNFPA guidance provides detailed, practical guidance for the provision of remote MHPSS to adult survivors of GBV in the COVID-19 context. The guidelines can be adapted for different types of remote MHPSS services, including psychological first aid, psychological support hotlines and case management.

Establishing or scaling-up dedicated helplines

Telephones or online helplines, sometimes referred to as hotlines, are a form of crisis intervention where trained staff can provide confidential advice and support to women who have experienced violence, or others calling on their behalf. Helplines are usually free, and many operate 24 hours a day, seven hours a week. Some helplines are run by the government, while others are staffed and run by women-led CSOs. Most helplines do not provide ongoing care from the same helpline operator to a caller (see following section on case management), although callers may often call multiple times.



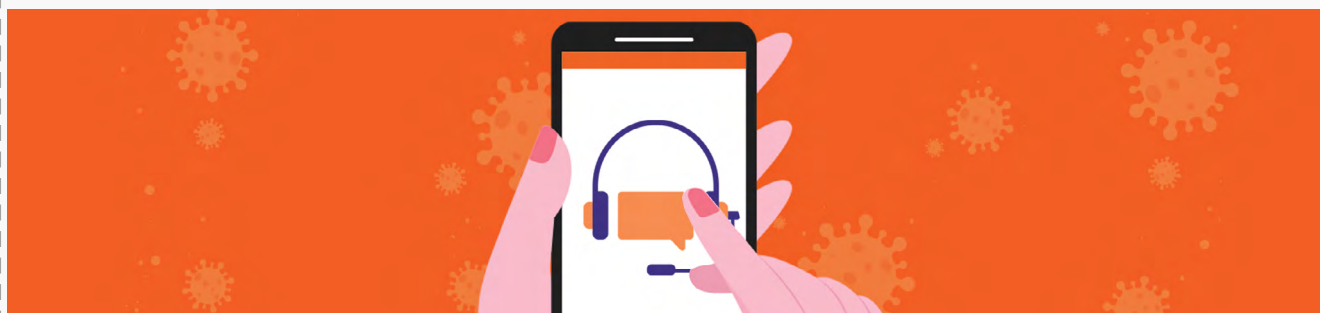
Helplines can support survivors of offline and online violence, however there are some helplines dedicated to providing support to survivors of online violence. For example, in Pakistan, the Digital Rights Foundation set up a [Cyber Harassment Helpline](#) to provide free, safe and confidential legal advice, digital security support, psychological counselling and a referral system to survivors of online violence and harassment. In the UK, the [Revenge Porn Helpline](#) supports adults in the UK who have experienced intimate image abuse by providing phone, email and web-based services and support including help on removing intimate content which has been non-consensually shared online.

During the COVID-19 pandemic, many women-led CSOs established dedicated helplines or scaled up their helplines in response to an increase in calls. This has involved training new staff and volunteers on how to safely and ethically provide information, support and referrals to women. CSOs have also had to establish new protocols of privacy and safety for helpline operators when receiving calls at home.

Examples of emerging good practice on establishing or scaling-up helplines include:

- **Regularly updating referral pathways** so that helpline operators can provide information and refer callers to services. The COVID-19 pandemic has disrupted services, so it is important to regularly review and update referral pathways, particularly for the clinical management of rape (UNFPA, 2020a). For example, as part of the Spotlight Initiative, UN Women developed support service directories with updated mappings of available support services during the pandemic in Indonesia, Malaysia, Philippines and Thailand. Standard operating procedures for referral networks are also being updated (UN Women, 2020b). Similarly, in Somalia, the GBV sub-cluster and service providers updated referral pathways (UNFPA, 2020a). When updating referral pathways, it is important that referral pathways integrate relevant services for survivors of online violence where these exist (GBVAoR, 2021).
- **Developing standards of privacy and safety** for helpline operators when working from home, including having an allocated private space during working hours, where confidentiality can be maintained and there will be no interruptions. Some CSOs have been able to find a safe space in a VAWG case management service facility or health facility for helpline operators to work from during the pandemic (GBVAoR, 2020).
- **Providing COVID-19 specific training to helpline operators.** For example, in Paraguay, helpline operators received tailored training on the pandemic, including how to address cases of children whose caregivers are ill or in quarantine elsewhere (UNDP, 2020).
- **Adapting helpline systems and supporting operators to work from home**, by providing suitable equipment (e.g. phones, SIM cards and solar chargers where there are frequent power cuts), revising protocols for receiving calls, upgrading helpline systems. For example, in Eswatini, the CSO Swaziland Action Group Against Abuse upgraded their helpline to enable staff to receive calls when working at home (UNTF, 2020b).
- **Ensuring adequate staffing** for the increase in demand, including sufficient management capacity to oversee the hotline. During COVID-19, some CSOs shifted their VAWG case managers to staff a new helpline service or split their responsibilities between providing case management to existing clients and operating the helpline. In these circumstances, best practice involves careful consideration of logistics and ensuring staff are not at risk of being overloaded (GBVAoR, 2020).
- **Ensuring helplines are inclusive for women and girls at higher risk of violence.** For example, in the UK, the CSO Refuge launched accessibility features on the national helpline for women with disabilities, including helpline advisers trained in sign language. Where multiple languages are spoken, it is important to ensure operators have a range of language abilities (GBVAoR, 2020).
- **Extending opening hours** so that the service is available 24 hours a day, 7 days a week. Many helplines were already 24/7 services, but others were extended beyond normal working hours at the start of the pandemic in recognition of the growing demand for the service (UN Women ROAS, 2020b).

Establishing or scaling up helplines: Regional examples of promising practice



Libya: At the start of the pandemic, helpline operators on the ‘GBV & Psychosocial Support Hotline 1417’ received additional training on psychological first aid essentials and COVID-19 health awareness, including symptoms, transmission methods and prevention, along with basic information and resources to improve VAWG response. The helpline is supported by UNFPA through its partner team in Tripoli (UNFPA, 2020b).

Lebanon: The CSO ABAAD launched a national awareness campaign for its helpline using the hashtag #LockdownNotLockup, asking people to share their hotline number from their balconies to raise awareness for survivors in need (UN, 2020).

Jordan: The organisation Sisterhood is Global Institute (SIGI) has used social media to raise awareness of its 24/7 phone and online service during the pandemic. SIGI also observed that creating a national helpline and a database classified at the national level allows easier, more transparent, reliable access to the most current data (EuroMed, 2020). Hotline numbers have been disseminated at community level through outreach volunteers, radio, social media, and through the Elak o Feed National Campaign (UNFPA, 2020a).

Tunisia: The opening hours for the 1899 Green Line for women survivors of violence were extended at the start of the pandemic in February 2020 to be functional 24/7. Several women-led CSOs have also set up VAWG helplines during the pandemic to help respond to the increase in demand, including ATFD (Tunisian Association of Democratic Women), AFTURD (Tunisian Women Association for Research on Development) and Beity (UNFPA, 2020a; UN Women, 2020b).

Yemen: Working with local partners, the GBV sub-cluster and UNFPA adopted hotlines and toll-free numbers as an alternative to in-person services at the start of the pandemic. As of June 2020, 18 telephone hotlines were operational (UNFPA, 2020a). See section on mental health and psychosocial support below.

Morocco: A system of toll-free telephone hotlines were established that were linked to the court system. Survivors were given advice on reporting incidents to the police, or how to access a shelter or social services. By linking with courts, survivors were able to submit complaints urgently by phone or via the mobile app without having to attend a police station or court. The Public Prosecution recorded a 60% increase in complaints received over a one-month period, compared to the previous year (UN, 2020).

Adapting to remote VAWG case management

VAWG case management is a structured way of helping survivors. It involves one organisation, typically a psychosocial support or social services actor, ensuring that survivors are informed about all the options available to them, identifying any issues or problems facing a survivor, and following up in a coordinated way (GBVIMS Steering Committee, 2017). VAWG case management often links to other services, such as psychosocial support (see next section) and health services. In humanitarian settings, centralised VAWG case management services are mostly offered through static service delivery points, such as women and girls’ safe spaces, or through mobile services visiting a site on a regular set interval (IRC, 2018).

Since the start of the COVID-19 pandemic, several CSOs have moved towards remote VAWG case management where caseworkers provide support to clients, either by phone or a technology platform (e.g. chat, SMS). Appointments are agreed in advance by the client and caseworker, with calls initiated by the survivor when



the caseworker is available (GBVAoR, 2020). Technology has been essential during the pandemic to enable immediate case management support and follow up (Lannazzone et al., 2021).

Examples of best practice in remote case management includes:

- **Developing Standard Operating Procedures**, also known as service protocols, to ensure safe, confidential case management that addresses the unique challenges of remote services. Examples of procedures that need to be established include administrative procedures and call-answering procedures. Administrative procedures include expected workload, safe and ethical case documentation, ensuring privacy when working from home, and supervisors' roles. Call-answering procedures include how to set up calls, ensure confidentiality and survivor safety during a call, conduct a safety plan, and what to do if a client sends a text message or if calls are cut-short (GBVAoR, 2020). Support to survivors of online violence should be integrated into case management protocols and practice (GBVAoR Helpdesk, 2021). This includes ensuring that safety assessments and safety planning processes reflect online violence and that staff have guidance on how to use social media/online policies to report and remove harmful content.
- **Providing remote training to build caseworkers' skills.** Good practice involves providing opportunities for staff to practice how to engage with a client over the phone through roleplay, as well as any training on new technologies or apps for data management (GBVAoR, 2018). For example, the International Rescue Committee developed the interactive mobile application, [Remote Offered Skill Building App \(Rosa\)](#), to help facilitate skill assessment and capacity building for VAWG frontline staff working in remote, low-connectivity settings. The app can be downloaded on a mobile device (tablet, smartphone) and then used offline. It also provides a space for peer learning and coaching (IRC, 2018).
- **Putting in place measures to assure the safety and confidentiality** of caseworkers and clients. Best practice includes survivor-initiated calls at designated times, and then asking questions that require 'yes' or 'no' responses to check the survivor is in a safe place. Some organisations use 'verbal passwords', for example the Karamoja Women Umbrella Organisation in Uganda establishes a password at the beginning of a case management call which, if used, the caseworker knows it is not a safe time to talk and changes the conversation to COVID-19 prevention measures (IRC, 2020).
- **Prioritising staff care and wellbeing**, including daily contact between supervisors and caseworkers and access to psychosocial support (GBVIMS, 2020). During the pandemic, one of the key lessons is the importance of staff care to manage burnout and cope with feelings of isolation. Examples of actions that supervisors can take include managing workload and working hours, building in time for breaks and administrative work, using staff care tools (e.g. the [Self-Care Inventory in the Interagency GBV Case Management Training](#)), and ensuring caseworkers have the 'right to withdraw' if they feel uncomfortable with a client (GBVAoR, 2020).
- **Putting in place procedures for documentation and data storage** to ensure the safety of client data. Paper-based case files information should not be stored in caseworkers' homes (GBVIMS, 2020). Example of good practice include caseworkers and supervisors signing a data protection agreement, separate password-protected files on caseworkers' laptops, using anonymised codes for recording survivors' phone numbers, and using online systems (see next bullet) (GBVAoR, 2020).
- **Using online case management systems** so that supervisors can review case management files to ensure that case files are being filled out appropriately and a quality service offered to survivors. An example is the [Primero / GBVIMS+ mobile application](#) which was first rolled out in Bangladesh, Lebanon, Libya and Nigeria, and since the start of the pandemic has started to be deployed in Iraq, Myanmar, South Sudan, Somalia and Syria (UNICEF, 2020). Good practice involves regular meetings with caseworkers to review a random selection of files, identify any challenges and feedback on trends (IRC, 2018).



Remote VAWG case management: Regional examples of promising practice

- **Iraq:** The GBV sub-cluster developed [technical guidance on remote GBV case management during the COVID-19 outbreak](#). Remote and face-to-face VAWG counselling flowcharts were developed.
- **Lebanon:** UNFPA has supported the NGO, ABAAD, to develop a [Remote Gender-Based Violence Case Management during emergencies](#) guide. The survivor-centred manual helps service providers and caseworkers adapt VAWG case management to the COVID-19 outbreak. It includes sections on caseworkers' responsibilities during home-based remote case management, new and existing clients, rapid safety checks, specialised safety plans, survivors at risk of suicide, male callers, setting boundaries, face-to-face sessions, supervision, and mitigating burnout. See 'key guidance' section above (p10) and also the section below (p20) on tips for mitigating burnout.

Providing remote mental health and psychosocial support

Since the onset of the COVID-19 pandemic, service providers and those working on VAWG response have stressed the importance of continuing and prioritising mental health and psychosocial support (MHPSS) to survivors of violence (GBV Sub-Cluster Iraq, 2020). Pre-existing VAWG risks as well as those exacerbated by the crisis (e.g., being confined with abusers, economic and social tension), alongside stressors related to the COVID-19 crisis (e.g., fear of being infected, social isolation, increased caring responsibilities, and a high level of uncertainty) risk leading to adverse mental health impact for women and girls affected by VAWG. One of the challenges during COVID-19 has been to reach out to women and girls who experience, or are at risk of experiencing violence, including with information about MHPSS services. Examples of approaches to improve survivors' awareness of and access to MHPSS include:

- **Integrating information about MHPSS for survivors in other services that reach women and girls** - these can be VAWG specific services or services provided by broader programmes, e.g. general health services. In Iraq, Health Cluster partners have developed information materials to support help-seeking for psychosocial care for VAWG survivors, which have been disseminated at various women's centres since the COVID-19 outbreak (WHO Health Cluster, 2021). Distribution of Dignity Kits has also been highlighted as a key entry point to integrate VAWG messages and reach survivors with information about how to access services, including MHPSS (GBV Sub-Cluster Iraq, no year: a; GBV AoR Whole of Syria, 2020).
- **Including information about VAWG and MHPSS in general COVID-19 messaging.** For example, in Iraq, the Health and Protection Clusters included [GBV and MHPSS awareness messages](#) (specific as well as combined messages covering both topics) in all COVID-19 prevention and containment activities (WHO Health Cluster, 2021).
- **Ensure that frontline service providers have sufficient skills to respond to psychological needs of VAWG survivors, e.g. through training in Psychological First Aid (IASC, 2020a; UN Women ROAS, 2020b)** The GBV AoR Whole of Syria recommends conducting remote trainings in Psychological First Aid (PFA) with VAWG service provision staff able to respond to immediate psychological needs and emotional distress of survivors and provide safe and timely referrals to further MHPSS services during COVID-19 (GBV AoR Whole of Syria, 2020).

Service providers have also adapted their ways of delivering MHPSS to survivors, including shifting to remote counselling by phone or through other online platforms. MHPSS is closely linked to case management services, and much of the best practice in remote case management (see section above) will apply also to remote MHPSS, such as ensuring that Standard Operating Procedures (SOPs) are in place that cover call-answering procedures and measures to ensure privacy and confidentiality during remote MHPSS service provision. There is limited guidance or best practice pertaining specifically to remote MHPSS provision for VAWG survivors, however, a comprehensive [guidance developed by UNFPA Country Offices and the Regional Offices in Latin America and the Caribbean](#) provides practical guidance for the provision of remote MHPSS services for VAWG survivors in the COVID-19 context, which can be adapted for different types of remote services including psychological first-aid and psychosocial support hotline (UNFPA, no year). For example, the document includes:



- Remote psychosocial support tools with detailed guidance of how to use these over phone, text or email (e.g., relaxation techniques, problem solving and decision-making, emotional regulation, and coping strategies);
- Step-by-step preparation for provision of remote support;
- Considerations when communicating remotely with survivors;
- Protocols adapted for remote use (e.g. informed consent, suicidal behaviour management, communication scripts, personal self-care assessment and plan, and annexes with all remote tools);
- Good practice for support of staff delivering remote services.

The [IASC Guidance](#) on Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic is another useful resource that offers guidance on how to adapt psychological support services to the COVID-19 context, which can be used by VAWG service providers (IASC, 2020b).

Remote mental health and psychosocial support: Regional examples of promising practice



- **Morocco:** The Regional Council of the College of Physicians and the Moroccan Society of Psychiatry have provided remote psychological support to survivors (UN Women ROAS, 2020b).
- **Lebanon:** ABAAD, which runs shelter for women survivors of violence in Lebanon, is running Skype counselling sessions both for survivors and for men with a history of perpetrating violence (Barkawi and Farouk, 2020)
- **Lebanon:** The Restart Center for Rehabilitation of Victims of Violence and Torture has launched a [manual](#) on providing telepsychology. The manual includes guidance on delivering psychological interventions by phone and was developed for use by practitioners in the context of COVID-19 (Hamady & Martionos, 2020)
- **Libya:** Since 2019, a UNFPA hotline provides free psychosocial support services and legal consultations to survivors of VAWG, as well as provides referrals to specialised services (UNFPA 2020a). In 2020, over 4,090 calls were successfully responded to, providing psychosocial support to survivors of various forms of VAWG (UNFPA Libya, 2021).
- **Yemen:** Local partners, supported by UNFPA, run specialised psychological care centres across the country, and during the COVID-19 pandemic have been supported to increase the number of counsellors who can provide specialised psychosocial support through 18 toll-free hotlines for tele-counselling. Originally set up in 2018 to assist VAWG survivors with MHPSS, the hotlines offer one-off as well as repeated counselling sessions by specialist counsellors and now also provide information on COVID-19 prevention (UNFPA Arab States, 2020; UNFPA Yemen, 2020a,b,c; UNFPA 2020c). In addition, UNFPA Yemen and the Women's protection subcluster has developed [SOPs for tele-counselling](#), intended to be used by VAWG case managers and psychosocial support providers (Women's Protection Sub-cluster Yemen, 2020).
- **Syria:** UNFPA has supported the provision of psychosocial support through phone and WhatsApp, including psychological first aid and individual counselling (UNFPA Syria, 2020).



Adapting to remote legal support

Across the Arab states region, women survivors of violence face significant barriers in accessing justice, including gaps and contradictions in the law and poor or inconsistent implementation. Where countries have laws to end VAWG these often overlook online violence and the issue is often dealt with by laws which are not gender sensitive. In addition, cyber-crime laws and online hate speech provisions are often used to silence dissent and curtail freedom of expression (e.g. in Palestine, Jordan, Algeria, Morocco, Turkey and Egypt) (Lannazzone et al, 2021). It is within this context that survivors of offline and online violence and organisations supporting them try to access justice.

In many countries, formal legal services have been very limited during the COVID-19 pandemic. For example, women in Lebanon have reportedly struggled to access justice during the pandemic, with court services closed or operating at reduced capacity (UN, 2020). Some CSOs have adapted to provide phone or internet-based legal services (e.g. by email or text messages) for supporting survivors, but these are not yet common (Murphy and Bourassa, 2021).

Examples of best practice for improving survivors' access to justice through remote means and digital technologies include:

- **Developing and following guidance** to handle VAWG cases in line with protocols and laws and in a survivor-centred way, such as the [Five Key Guidelines for Providing Remote Legal Aid to GBV Survivors](#) which provides guidance on first contact with a client, remote rapid assessment data including of the urgency and vulnerability of the client, obtaining remote informed consent and power of attorney, storage of case files, and conducting remote interviews.
- **Widely communicating how to access legal service** and ensuring that updated information, including contact information, operational times and services available are clearly communicated (LAW & NCA, 2020). For example, in Zimbabwe, the organisation, Women in Law in South Africa, shared its emergency call number in targeted districts so that women could still seek legal advice by phone or SMS. It also sent out bulk SMS to raise awareness of other VAWG service providers (UN Women, 2020b).
- **Supporting digitally excluded survivors with assisted applications** to guide survivors through the process of online protection orders and other legal services (Ross and Aitken, 2020).
- **Partnering with other organisations and government agencies** to share concerns and best practices, including about the benefits and risks of digital technologies for legal justice, understanding who can access digital justice mechanisms, tracking legal outcomes for survivors, as well as any risks or unintended outcomes. Some CSOs have also trained legal and justice professionals on increased violence on women and girls during COVID-19.

Remote legal support: Regional examples of promising practice

- **Jordan:** The Mizan Law Group, an NGO made up of male and female lawyers, created a Facebook page and a WhatsApp number after a surge of domestic violence complaints at the start of the pandemic. Where direct contact could be made, the group also provided a private telephone number to provide legal support to survivors. The organisation also started working with DIGNITY (the Danish Institute against Torture) to provide sessions with online psychosocial support (Mathiasen, 2020).
- **Tunisia:** Specific directives and guidelines for cases of gender-based violence against women (priority, eligibility rules for intake, etc.) have been issued. Phone/online legal aid has been implemented or improved (UNODC, 2021). Tunisian NGO Marsadnissa uses the digital space to provide women with offline legal support, acts as a watchdog of judicial decisions and encourages courts and judges to comply with human rights and international standards. It also raises public awareness of citizens' rights on online violence through sample summations and relevant legal references. Through its platform users can easily



identify decisions and rulings that are effectively supporting or breaching women's rights (Lannazzone et al., 2021).

- **West Bank and Gaza:** The Palestinian Bar Association, legal aid providers and other partners launched an awareness-raising campaign to reach out to people in increased need of legal aid services during COVID-19. Using social media, radio and other forms of media, the campaign also provided updates about changes in services during the pandemic, such as the availability of one-to-one consultation sessions through phone and online (UNODC, 2021).
- **Bahrain:** The Supreme Council for Women, an advisory body to the government in Bahrain, provided family and legal advice through a special programme called 'Your Remote Advisor'. The programme conducts consultations for women experiencing domestic abuse via video conferencing and instant live chats via video sessions (UN, 2020; Al-Ansari, 2020).
- **Algeria:** The Wassila/Avife Network provides medical, psychological, and legal support to survivors of violence and is accessible through its Facebook page. Amongst many initiatives, they have published a manual to train journalists on awareness of stereotypes contained in public discourse and work with the media which reinforces the role of law (Lannazzone et al., 2021).

Providing VAWG service entry points and 'low-tech' alert systems

Many survivors cannot easily access phone-based or online VAWG support, either due to limited access or ownership of devices, or they own a device but cannot use it because of surveillance by their abuser. A useful guidance here is UNICEF's note: [Not just hotlines and mobile phones: GBV Service provision during COVID-19](#), which provides low-tech options for ensuring survivors can safely access services without their abusers knowing.

Alternative ways of reaching out to women and girls who experience violence but cannot access a phone or online include:

- **Adapting physical safe spaces into VAWG phone booth stations** where survivors can call VAWG case workers at set times in private phone booths, as was the case in a scheme run by an INGO in North-East Nigeria. Consideration needs to be given to hygiene management of the mobile phones in the booth and obtaining government permission to operate when movement restrictions are in place (Erskine, 2020).
- **Creating codeword schemes** for survivors to signal they need support at permitted premises without abusers being aware. Several countries, including France, Spain and the UK have introduced a scheme since the start of a pandemic whereby women who experience violence can ask for help in pharmacies and supermarkets using a codeword. A key element in the effectiveness of the scheme is trained staff, a safe, private space, and posters/awareness-raising material (Erskine, 2020).
- **Using low tech signal alerts** such as including a coloured cloth in dignity kits and informing women that if they need help they can wear that cloth on their person when they access an alert premises or service. Suitable alerts will depend on the context, resources and cultural norms, but could include whistles, alarms, code words or placing a particular object outside the home (Erskine, 2020).
- **Strengthening community pathways** to provide referrals, legal aid and counselling. For example, in Sudan, a 24/7 community-based referral mechanism was established during the lockdown (UNFPA, 2020) and in Kenya, the Refugee Consortium Kenya built the capacity of community-based counsellors to act as referral points to help survivors. A key element in the effectiveness of these approaches is the need for CSOs to strengthen ethics and safety protocols (UNTF, 2020b).
- **Integrating VAWG into healthcare support.** Health professionals are often the first point of contact for survivors with support services and can therefore provide a critical entry point for further support. For example, during the pandemic, Intersos and Médecins du Mond in Italy, supported by UNICEF, scaled up an approach to integrating health and VAWG services to meet basic health needs of refugees and migrant women and girls and more effectively reach those at risk of VAWG through providing health screenings and distributing hygiene items (UNICEF ECARO, 2021).



VAWG service entry points and 'low-tech' alert systems: Regional examples of promising practice



- **Jordan:** The Jordan Health Aid Society (JHAS), supported by UNICEF, integrates support for VAWG survivors, including for the clinical management of rape, into the reproductive health clinics it runs in the Zaatari Refugee camp (UNHCR Jordan, 2021).⁶ In addition, the Jordan River Foundation has trained frontline workers in health clinics to provide safe referrals to VAWG services (SGBV WG Jordan, 2020).

Using technology to communicate with survivors and provide online support groups

During the pandemic, several CSOs have used technology and digital platforms, including Facebook, WhatsApp and mobile applications, to reach out to women survivors of violence. There are several options for connecting survivors using technology in both real-time webchats or video calls, or where survivors can read and post at any time (NNEDV, 2021). For example, social media groups or online forums on WhatsApp, Viber and Facebook; organising online social activities; and creating digital safe spaces where women and girls can come together to access information on VAWG, COVID-19 and stress management (UNICEF ECARO, 2021). Online support or peer groups may be useful to survivors of online violence, providing a safe and anonymous space where they can support each other (GBV AoR, 2021).

Examples of good practice in using technology to communicate with survivors and provide online support groups includes:

- **Using a tool/app that meets best practice standards for privacy and confidentiality.** The National Network to End Domestic Violence's (NNEDV) Safety Net Project has identified the following tools as well-suited to protect privacy: [ResourceConnect](#) for web chats and texts, [Gruveo](#) for video calls, and [Cyph](#) for video calls, messaging, and groups. When choosing a tool, it is important to prioritise privacy, minimise data collection, and think about barriers such as whether survivors will need to download an app or create an account (NNEDV, 2020).
- **Moderation by a member of staff** to check in with survivors, monitor what is posted on online forums, and signpost people to additional sources of support or services.
- **Inclusive and accessible approaches** that support all survivors, including those with disabilities or who may require assistance. NNEDV has produced a useful guide to using [Assistive Technology](#) to reach survivors and provide accessible services. It is also good practice to think about accessibility requirements, such as needed bandwidth for a video or additional charge for data used for the call. Several CSOs have used the time between lockdowns to provide online literacy and skills training to women and girls to increase their digital capacity and confidence to use devices and access remote support (UNICEF ECARO, 2021).
- **Providing advice to survivors about the privacy and safety risks** of group participation, including how to use their device safely, briefing them on browser histories and spyware, and being thoughtful on the

⁶ For more information see <https://jordanhealthaid.org/>



types of personal information shared with the group. These handouts are useful and can be adapted to context: [12 Tips on Cell Phone Safety & Privacy](#) and [Internet Browser Privacy Tips](#).

- **Agreeing criteria for who can be a member** to avoid bad actors or people impersonating a survivor. The safest support groups are for those known to the CSO and who have expressed an interest in participating (NNEDV, 2021).
- **Being aware that some platforms are not recommended for use with survivors**, including free email groups (e.g. Google Groups or Yahoo groups) as they allow third parties to scan the content, or social media pages (e.g. Facebook) which have been hacked by hostile parties (NNEDV, 2021).

Using technology to keep connected with women and girls and/or providing peer support: Regional examples of promising practice

- **Iraq and Lebanon:** Since the start of the pandemic, UNICEF has been piloting the use of a virtual safe space for adolescent girls, their female parents/caregivers and female staff on gender-based violence. The space has been designed to be safe, culturally appropriate and accessible to girls who face higher levels of marginalisation, such as girls with disabilities and married girls. Girls provided feedback that there was demand for further information and services on sexual and reproductive health, life skills, self-care and empowerment (UNICEF, 2020).

Examples of online peer support groups for survivors of online violence:

- [HeartMob](#) is an online community working to end online harassment, where survivors can get support from each other.
- [Bloom](#) is a free web-based support service run by Chayn for survivors of domestic and sexual violence.
- [Maru Chatbot](#) provides advice and resources to support and empower those who experience or witness online harassment.

Adjusting internal operations to prioritise the safety and health of staff during remote working.

The COVID-19 pandemic has created additional stress and work pressures for CSO staff. Examples of good practice in adjusting internal operations to support the safety and health of staff during remote working include:

- **Surveys of staff** to understand how best to support their needs including internet access, space, furniture, childcare and social-psychological needs.
- **Structural changes to internal operations** to prevent staff burnout, including hiring additional staff or training volunteers or temporary hires to help cover increases in demand, if necessary.
- **Paying for office equipment or supplies** to enable staff to work from home, including internet/telephone access, devices, or office chairs.
- **Offering on-call professional psychological support services** for staff to access support.
- **Feminist self and collective care:** Several women-led CSOs have produced useful guidance on staff care during the COVID-19 pandemic. For example, the Ugandan organisation Raising Voices has produced guidance on [How Can we Amplify Self and Collective Care?](#) during the pandemic. Other useful guidance includes the GBV Prevention Network and Just Associate's [Self and Collective Care](#), CREA's [Self-Care and Self-Defense Manual for Feminist Activists](#), and FRIDA's [Self Care Plan](#).



Adjusting internal operations to prioritise staff health and safety: Regional examples of promising practice

- **Lebanon:** ABAAD provides tips on mitigating burnout for VAWG caseworkers in its guidelines: [Remote Gender Based Violence \(GBV\) Case Management](#) (page 31), including structural changes such as hiring new staff and dramatically shifting workload, more open-ended flexi-time, introducing breaks or pauses in the day, instituting rest and recovery (r&r) days, and using back-up systems to give staff breaks.
- **Iraq:** The GBV Sub-Cluster's [GBV Case Management Guidance Note during COVID-19 Outbreak](#) includes guidance for supervisors and programme managers to support caseworkers, including by ensuring a healthy caseload through weekly meetings, and offering debriefing following difficult cases. The guidance also recommends ensuring access to staff counsellor, and encouraging staff to prioritise their health through developing positive coping strategies (GBV Sub-Cluster Iraq, no year: b).

Additional considerations for supporting survivors of online violence remotely

The key GBV Guiding Principles - ensuring the safety of VAWG survivors, ensuring confidentiality, respecting the survivor, and practicing non-discrimination - are applicable to all survivors of violence, both offline and online. Whilst online violence is part of the continuum of violence against women and girls, and is often an extension of offline violence, there are several important aspects which differentiate it to offline forms of violence. In supporting survivors of online violence, it is important to be aware of these differences as these affect the impact on the survivor and the support needed in response. In particular:

- Online spaces can **amplify the reach of transmission and harm** to survivors.
- Online violence can be carried out at **increased distance, speed and rates**.
- Online violence can be **easily perpetrated** using low-cost technology, limited skill, time and effort.
- **Anonymity⁷ and encryption** can protect perpetrators from being known to survivors and authorities.
- Online violence is commonly perpetrated in **public spaces**, amplifying the impacts and harms.
- As well as primary perpetrators there can also be a large number of **secondary perpetrators** when people download, forward and share harmful content.
- There are often **delays and difficulties in removing harmful content** and content may remain available for a long time and in some cases indefinitely. (Aziz, 2017; GBVAoR, 2021).

Women and girls are more likely to experience online violence and to have more serious consequences (Human Rights Council, 2018) with long-term mental and psychosocial impacts linked to the public nature of the abuse, including anxiety, depression and suicide (GBVAoR, 2021).

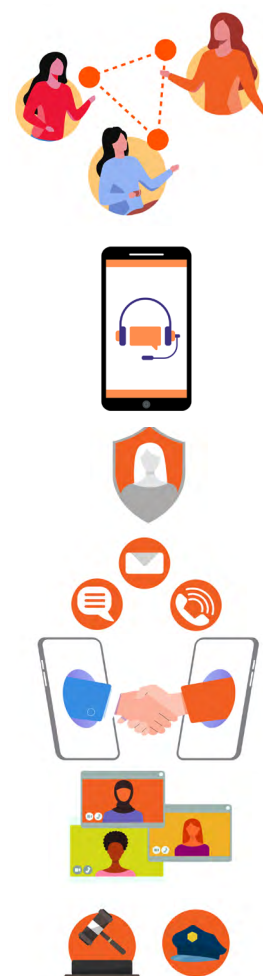
Despite the growing prevalence of online violence, many VAWG service providers and wider civil society have limited knowledge or experience in addressing the issue. CSOs may often start to consider the issue when survivors of online violence reach out to them for support. A recent study carried out by the GBV AoR Helpdesk (2021) highlights promising strategies in addressing online violence. Whilst these strategies cover both VAWG prevention and response, the following are particularly useful for CSOs providing support services, including those provided remotely:

- **Build staff and organisational capacity** to better understand online violence, its impact on survivors and how to respond. This will enable organisations to respond and/or refer quickly and effectively to address psychological and physical safety threats survivors may face. This may include building technological capability within the organisation and partnering with technology or digital rights organisations to help provide technical support for the service and survivor.



⁷ It is important to note that, whilst anonymity can conceal the identity of perpetrators, it is also crucial to the work of women's rights organisations and those who want to speak out about issues without fear of reprisal. Anonymity is also important for survivors who want to re-enter online spaces or gain support from peer groups without fear of disclosing their identity.

- **Share information about online violence, what it is, how to report and what support is available.** This will help raise awareness to survivors on how to safely and confidentially report abuse and access support. Remote support through phone-based helplines or online may be particularly helpful for sharing information and providing support, so that survivors can access information and services anonymously.
- **Provide direct support to survivors** to remove abusive content and prevent further abuse. This may involve providing support and training on digital citizenship, helping survivors report to the online/social media platform, working directly with social media platforms on a survivor's behalf to request content is removed, or working with experts to remove the content.
- **Case management:** Integrate online violence into case management protocols and practice, including in safety assessments and safety planning processes.
- **Referral pathways:** Integrate relevant services that can support survivors of online violence into referral pathways and ensure new partnerships are included in updated pathways.
- **Develop relationships** with organisations that have the capacity to provide digital support to survivors (e.g. on digital safety, digital citizenship and how to remove harmful content) and include these in referral pathways.
- **Create virtual safe spaces and peer groups** where women and girls can get together anonymously to share their experiences and seek support (see p19 for some examples).
- **Building the capacity of other service providers, the police and judiciary** to develop a survivor centred response to online violence.



Regional examples of promising civil society initiatives supporting women survivors of online violence remotely

- **Morocco:** The Tahadi Association for Equality and Citizenship (ATEC) established the '[Stop violence numérique](#)' (Stop digital violence) campaign aimed at tackling online violence through the launch of a digital app which provides a database of legal references and an accessible space to file a complaint. ATEC is also offering legal and psychological support to survivors of online violence and a mobile unit for schools and vocational training centres to educate on the topic of digital safety.
- **Lebanon:** Fe-Male's 'Screens Do Not Protect' campaign protects women's right to access and use the internet safely by helping women users of the internet take some simple technical precautions and encouraging women to report perpetrators of cyber-attacks.
- **Palestine:** 7amleh's (The Arab Centre for Social Media Advancement) campaign 'Harassment is Harassment' highlights that all forms of harassment experienced online and via social media are actual forms of harassment and are connected to offline harassment. This helps amplify the voices of Palestinian women and challenges public violence. (Lannazzone et al, 2021).



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