



Submission to the Special Rapporteur on Violence against Women

COVID-19 and the Increase of Domestic Violence against Women

i. Introduction

In response to the call for submissions by the United Nations Special Rapporteur on violence against women, their causes and consequences, CREA and its partners submit the below information on the increase of gender-based violence against women and domestic violence in the context of the COVID-19 pandemic.

CREA is a global feminist human rights organization led by feminists in the global South. We work to advance the sexual and reproductive health and rights (SRHR) of people everywhere, and our work centers those who have historically been on the margins of mainstream feminist movements.¹

CREA, with input from 17 of organizations and experts, highlight intersecting forms of violence faced by women with disabilities (WWD), lesbian women, bisexual women, transgender and queer persons (LBTQ), gender non-confirming persons (GNC), and sex workers. These are the communities who are rarely visible in data on violence against women.

This submission highlights the increase in violence against women and gender-based violence across South Asia and East Africa, with specific case studies from India, Nepal, Sri Lanka, Uganda, and Kenya. It also seeks to emphasize gender-based violence as the pervasive and systemic human rights violation that the Special Rapporteur understands it to be..

ii. Methodology

CREA communicated with multiple networks, organisations, and local activists and experts to understand the situation in diverse contexts. This report is a compilation of data and information we received through interviews with:

1. National Indigenous Disabled Women Association Nepal² (NIDWAN)
2. National Association of the Physical Disabled Nepal³ (NAPD)

¹ More about CREA, accessible here: [CREA](#)

² National Indigenous Disabled Women Association Nepal ([NIDWAN](#))

³ National Association of the Physical Disabled - Nepal.

3. All India Network of Sex Workers⁴ (AINSW)
4. Jeeja Ghosh, researcher, trainer and activist working at the intersections of disability and SRHR
5. Niluka Gunawardena, activist and researcher working on issues of disability rights and LGBTIQ rights
6. Praja Diriya Padanama (PDP), Sri Lanka⁵
7. Community Welfare and Development Fund (CWDF), Sri Lanka⁶
8. Venasa Trans Network, Sri Lanka⁷
9. Kaushalya Ariyaratne, lawyer and activist working on women's rights and LGBTIQ rights, Sri Lanka
10. Tranz Network Uganda⁸
11. Uganda Network for Sex Work -Led Organisations (UNESO)⁹
12. Bar Hostesses Empowerment and Support Programme (BHESP)¹⁰
13. Coast Sex Workers Alliance (COSWA)
14. Kisumu Sex Workers Alliance (KISWA)
15. Uganda LBQ Women Network¹¹
16. Initiative for Equality and Non Discrimination (INEND)¹²
17. Kenya Network of Women with Disabilities¹³

iii. Terminology

LGBTIQ/LGBTI etc. -- lesbian, gay, bisexual, trans, intersex and queer/questioning persons

LBTQ/LBTIQ -- lesbian women, bisexual women, trans, intersex and queer persons

GNC -- gender non-conforming

SRHR -- sexual and reproductive health and rights

WWD -- women with disabilities

iv. The increase of gender-based violence in the context of COVID-19

On 11 March 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. As SARS-COV 2 spread quickly across countries, many governments imposed lockdowns, mandating that

⁴ [All India Network of Sex Workers \(AINSW\) | Global Network of Sex Work Projects](#)

⁵ Grassroots organization in North Western Sri Lanka which works on the rights of people living with HIV, sex workers, and LGBTIQ persons

⁶ Grassroots LGBTIQ-led emergency response team (search for CWDF / Chathra on Instagram)

⁷ Trans network with a focus on the transmasculine community; <https://www.facebook.com/VENASA.TN/>

⁸ An initiative in Uganda that brings together transgender and gender non-conforming organizations from across Uganda. Coordinated collection of information from Central, Western, and Eastern Uganda.

⁹ [Uganda Network for Sex Work -Led Organisations \(UNESO\)](#). The umbrella collective organising the agendas of various sex worker led organisations in Uganda.

¹⁰ [Bar Hostesses Empowerment and Support Programme \(BHESP\)](#)

¹¹ A loose network of LBQ women and LBQ led organisations in Uganda, coordinated collection of information from Central and Eastern Uganda.

¹² [Initiative for equality and Non Discrimination \(INEND\)](#)

¹³ A network of individuals and organisations working on advocating for the rights of women with disabilities in Kenya.

individuals must stay inside their homes, other than those deemed to be engaging in essential services. In many places, the lockdown resulted in significant but not yet well-documented human rights catastrophes.¹⁴

As a result of the lockdowns, violence against women has increased significantly and the impact has not only been severe for marginalized groups but also highly underreported. While it is important to have an overall understanding of the levels of violence, the aggregation of data on violence against women also creates the illusion that all women are a homogenous group experiencing violence similarly and therefore that interventions would be applicable across the board. This report highlights the importance of disaggregating data about violence and taking an intersectional approach - or understanding how multiple and overlapping forms of discrimination feed and intensify gender-based violence.

Civil society organizations, human rights defenders and advocates, academics, and other stakeholders had long predicted that restrictive pandemic measures that were imposed in the first quarter of 2020 would result in an increase of violence against women and a rollback on human rights advances made in relation to justice, health, and social services for women and marginalized communities. By 27 March 2020, the Special Rapporteur herself issued a statement to this effect¹⁵.

On 6 April 2020, UN Secretary General Antonio Guterres called for a 'ceasefire' in domestic violence, amidst what he identified as a 'horrifying global surge in domestic violence' directed at women and girls, during lockdowns imposed by governments as a response to the coronavirus pandemic.¹⁶ In a statement the Executive Director of UN Women also called our attention to this situation, which she described as the "shadow pandemic".¹⁷

In the contexts in which we work, similarly, we observed an increase in reports of gender-based violence, both documented and anecdotal. Human Rights Watch noted on 8 April 2020 that there had been a reported significant spike in sexual offences in Kenya, and that the perpetrators were commonly found to be close relatives or guardians.¹⁸ Domestic violence also reportedly surged in India and other South Asian countries such as Sri Lanka.¹⁹

The heightened vulnerability of LBTIQ and GNC persons, women with disabilities and sex workers during the pandemic and lockdown has been highlighted by experts within the UN²⁰ and outside.²¹

UN High Commissioner for Human Rights Michelle Bachelet said, "*LGBTI people are among the most vulnerable and marginalised in many societies, and among those most at risk from COVID-19*". She said,

¹⁴ [In India, migrant workers died of starvation and exhaustion while they were forced to travel on foot hundreds of miles from urban centres back to their rural homes](#)

¹⁵ [Special rapporteur statement: "States must combat domestic violence in the context of COVID-19 lockdowns"](#)

¹⁶ [UN Chief calls for 'domestic violence ceasefire', UN News](#)

¹⁷ [UNWomen statement: Violence against women and girls: the shadow pandemic](#)

¹⁸ [Tackling Kenya's Domestic Violence Amid COVID-19, Human Rights Watch](#)

¹⁹ [Indian media reported that the National Commission on Women released data which showed an increase in domestic violence reports; Sri Lankan hospitals saw a rise in domestic violence cases during lockdown.](#)

²⁰ [UN rights experts statement on fear Uganda is using COVID-19 emergency powers to target LGBT people, OHCHR](#)

²¹ [A joint statement by the Uganda sex workers movement and the Uganda Key Populations Consortium \(UKPC\) denouncing violence against sex workers since the start of the pandemic.](#)

“In countries where same-sex relations are criminalised or trans people targeted, they might not even seek treatment for fear of arrest or being subjected to violence.”²²

A UN/DESA policy brief stated, “The COVID-19 crisis exposes these underlying inequalities and exacerbates the situation of women and girls with disabilities.”²³

Major international human rights organizations such as Human Rights Watch and Amnesty International have called our attention to the immense economic impact that the pandemic has had on sex workers globally, increasing their vulnerability to risk and violence.²⁴

v. Frameworks and interpretations

The framework of **‘violence against women’** (VAW) has been instrumental in women’s movements’ advocacy to gain acknowledgement of the fact that women and girls are subjected to multiple and intersecting forms of discrimination and violence on the basis of their gender.

The term **gender-based violence (GBV)** provides us with the ability to frame experiences of violence more broadly and inclusively, premising itself on the presumed motivation for the violence (‘gender-based’), and therefore allowing us to centre those whose experiences of violence have often gone unrecognized. ‘Gender-based violence’ allows us to consider and understand violence perpetrated against those who challenge the gender binary that proposes a rigid division of people into two and only two categories of female/male. And yet, this binary is manifestly inadequate to encompass the diversity of humans, who rather express gender across a range of expressions and identities, such as transgender women or transgender men. Other individuals eschew traditional gender roles and norms. Thus, a framework of gender-based violence fortifies the ability put a spotlight on violence against those who are not typically included in our conceptualizations of ‘women’ when we speak about ‘violence against women’.

The term ‘domestic violence’ has commonly been interpreted through a lens which assumes a context of a traditional nuclear family setting, between a ‘husband’ and ‘wife’ or between male and female domestic partners. We interpret the term to include ‘family’ violence and ‘intimate partner’ violence, and to be both violence perpetrated by someone who is intimately related to the victim/survivor, as well as violence that occurs within a ‘domestic’ setting. These are sometimes, but not always, overlapping, in the case of our constituencies.

Radhika Coomaraswamy, former UN Special Rapporteur on violence against women defined ‘the family’ as : *“...the site of intimate personal relationships. A subjective definition, i.e. any unit where the individuals concerned feel they are a family, is more inclusive than an objective one and more relevant for the discussion of domestic violence. Rather than relying on the institutionalized definitions of family imputed by the State, notions of family should be reconceptualized around expressions of ideals of nurturance and*

²² [COVID-19 and the Human Rights of LGBTI People, OHCHR](#)

²³ [Leaving no one behind: the COVID-19 crisis through the disability and gender lens, UN/DESA Policy Brief #69:](#)

²⁴ [Women’s rights and COVID-19, Amnesty International Canada; Authorities must protect women who engage in sex work from the impact of COVID-19, Amnesty International; Sex Workers Struggle to Survive Covid-19 Pandemic, Human Rights Watch](#)

care. There is a need to make room for "difference and plurality" within our understanding of what constitutes family.”²⁵

This interpretation allows us to better understand the ways in which sex workers, LBTQ and GNC persons and WWD experience violence at the hands of intimate partners, carers and guardians, natal families, extended families and so on.

Finally, we approach the reports of violence through an intersectional lens that takes account of the complex and dynamic interplay of gender, class, caste, race, sexual orientation, ethnicity, religion, and other factors. This dynamic plays an important role in how LBTIQ and GNC persons, sex workers and WWD experience violence as well as circumscribing their access to justice. It also allows us to uncover what avenues of redress are, or are not, available to them. Our interviews powerfully illustrated how poverty, socio-economic status, class and caste set the stage for how these groups experienced violence in the contexts of South Asia and East Africa, and what remedies were, or were not, available.

vi. Cases of Violence

(This section responds to survey questions 1 and 11)

The ‘contagion’ narrative and increased stigma against sex workers, LBTIQ and GNC persons and WWD

Sex workers, LBTIQ and GNC persons, and WWD, all have a history laden with association to disease and contagion. This association to disease and the associated stigma increases their vulnerability to further discrimination and violence during emergencies, such as the COVID-19 pandemic, with global messaging that emphasizes the danger of ‘being infected’ with the virus.

The SARS-CoV-2 outbreak at the end of 2019 generated many comparisons to the HIV epidemic of the 1990s, when it was new and little understood.²⁶ The stigma of being known as ‘vectors of disease’ follow sex workers, LBTIQ and GNC persons and WWD, even as they interact with the healthcare system now, in the context of the SARS-CoV-2.

In many countries, the reality is that sex workers have been instrumental in governmental and non-governmental response mechanisms towards controlling the spread of disease. In Sri Lanka, a recent article in Economy Next stated, “*sex workers have long been employed by the government as part of the national HIV response to promote safe sex practices among the community. Though they receive government salaries as part of these campaigns... their situation has not changed, and the stigma has certainly not changed. Similarly, health authorities will make sex workers part of the official response to the novel coronavirus to educate the community, but once the threat of the virus has subsided, the fate of the sex workers will remain the same.*”²⁷

²⁵ 1996 (E/CN.4/1996/53)

²⁶ In this pandemic, personal echoes of the AIDS crisis, Alexander Chee, New York Times

²⁷ Sri Lanka’s sex workers struggle to get by as COVID-19 brings industry to a halt, Himal Kotelawala, Economy Next

An organization working with sex workers and LGBTIQ people, Praja Diriya Padanama (North Western Province, Sri Lanka) told us, *“The marginalization of sex-workers has been exacerbated by COVID-19. The ‘contagion’ element of the pandemic is really causing them to be further stigmatized and pushed to the outskirts of society”*²⁸.

In Kenya, where contact-tracing is a part of the government’s COVID-19 response, sex workers rightly fear how the data will be used: Will it be used to track them? Will it increase their vulnerability to police violence and arrest? These are profoundly worrying and legitimate questions by sex workers.

Sex workers based in border towns in Kenya and Uganda are facing increased stigma since several cases of COVID 19 have been linked to truck drivers, who are known to be frequent clients of sex workers in these areas. Sex workers in these towns are now facing violence from both the community and police on suspicion that they are ‘spreading the virus’.

WWD also report that they are experiencing greater vulnerability to family and domestic violence due to the association of people with disabilities with disease. The American Psychological Association (APA) reported, *“Stigmatizing qualities, such as physical or intellectual disabilities, attract the attention of nondisabled persons, often triggering prejudicial thoughts and attitudes and, on occasion, discriminatory behaviors.”*²⁹

On the COVID-19 measures which the public has been encouraged to take, Bonnielin Swenor, an expert on disability inclusion, flagged that, *“Frequent hand washing isn’t always possible for people with disabilities, and physical distancing is almost impossible when people rely on personal aides or caregivers, she says. When people with disabilities live in group homes, these challenges are compounded.”*³⁰ These aspects of living with disabilities could exacerbate challenges already faced by WWD, leading to neglect, violence or discrimination.

Furthermore, during the pandemic, there has been a heightened social awareness about people with disabilities or those living with underlying health conditions, as these groups were marked as ‘high-risk’ for the SARS-CoV-2. WWDs face violence at the hands of carers or family members who believe that they are more prone to contracting SARS-CoV-2 and could be spreading the virus to others in the household.

Violence in the context of changing dynamics of familial relationships

Former SRVAW Radhika Coomaraswamy noted, *“According to the myth of the family as a sanctuary of tranquility and harmony, domestic violence is a veritable incongruity, a contradiction in terms. Violence shatters the peaceful image of the home, the safety that kinship provides.”*³¹

²⁸ Source: Indrani Kusumalatha, PDP, Sri Lanka

²⁹ Disability and disease as stigma: Some fresh perspectives. A book by Patrick Corrigan, PhD, is reviewed by CDIP member Dana Dunn, PhD, APA

³⁰ An Unequal Response: COVID-19 and Disability, Melissa Hartman, John Hopkins School of Public Health

³¹ Report by the Special Rapporteur on violence against women, its causes and consequences during the 52nd session 1996 (E/CN.4/1996/53).

We observed an increase in family and domestic violence, due to the fact that 'shelter-in-place' orders, curfews and lockdown forced many people to either remain in their natal homes, or return to their natal homes from temporary housing, for the duration of lockdown. Familial relationships are complex and dynamic. Sometimes the return to the natal home caused severe friction due to shifts in power relations. These shifts in power relations sometimes also reflected the scarcity of resources during this period and the loss of livelihood and income.

Women with disabilities have been facing multiple challenges including diverse forms of violence during the pandemic and lockdown. In a report from Sri Lanka, a woman with 2 children with disabilities was repeatedly harassed by drunk neighbours during the lockdown period in the Kandy district in Sri Lanka (Central Province). In such a case, she is vulnerable both as a woman and a mother of children with disabilities.³²

Added pressure and demands on carers may also lead to neglect and the lack of care for WWDs, given competing demands for space and resources.³³

WWD are often especially vulnerable to being institutionalized, since providing home-based care is considered more complex in the case of women. Tikiri Kumara Jayawardena, President, Wellassa Organization of Persons with Disabilities, Sri Lanka says that families opt to institutionalize women and girls with disabilities to 'protect' them from abuse. However, this tends to overlook abuse that may occur in institutional settings. The organization reported that they have informally been made aware of three cases of sexual assault of girls with disabilities in the Monaragala district. However, Jayawardena says they are not being officially reported due to stigma and shame.

In another case in Sri Lanka, in a house with 3 people with intellectual disabilities in Batticaloa (Eastern Province), one of the three, the only woman, was selected for institutionalization; she was placed in a church-based care facility due to overcrowding of the home, and the difficulty of providing home-based care under restrictive COVID-19 conditions³⁴.

From Nepal we received a report about a woman with a disability from a small town living in Kathmandu. Due to the pandemic she was forced to travel back to her hometown. However, once she reached there, her family refused to provide her with the kind of assistance her disability requires. She was abused by her family because she was not able to provide any income. She worried about whether she will be able to return to Kathmandu and whether she will still have her job. Another woman with a disability living in Kathmandu was asked to move out of the house because she could not afford rent. She moved back to her hometown. However, when she arrived, her father disowned her and refused to let her stay. The father had been abusing her for many years. She had moved to Kathmandu to escape the violence.

³² Source: Nisha Shariff, President, We for Rights

³³ Sources: Rasanjali Pathirage, President, DOJF; Tikiri Kumara Jayawardena, President, Wellassa Organization of Persons with Disabilities

³⁴ Source: Mrs. Harisha Varatharajah, Consultant on Inclusive Livelihoods & Disability Inclusion.

However, having no other place to stay, she was forced to go back into the same house from which she ran away.³⁵

We also heard many reports of sex workers facing violence from husbands and intimate partners during lockdown. Many sex workers with whom we spoke, including trans sex workers, are the primary breadwinners for their families and have dependent partners and children. COVID-19 posed a challenge to the role of breadwinner played by sex workers within the family. In this context, we were made aware that many women and trans people engaged in sex work have experienced intense physical assault³⁶ at the hands of partners and family members, due to their inability to provide for the family.

Bar Hostesses Empowerment and Support Program (BHESP) working in Nairobi, Kenya did a comparison between 2019 and 2020, for the period of March to May. In this same time period in 2019 and 2020, they found nearly three times more incidents of violence against sex workers. BHESP recorded 426 incidents of GBV for that period in 2020, up from 170 for the same period in the previous year. Twenty percent (20%) of these cases involve domestic violence from intimate partners.

In Sri Lanka, trans people reported being verbally and emotionally abused by their families, having been forced to return to their natal family homes in the lockdown³⁷.

Weaponization of lockdown and curfew by the state, family and other actors

In many contexts, these three constituencies -- LBTQ and GNC persons, sex workers and WWD -- are criminalized or stigmatized (or both). A common thread we found was the way in which family, the state (law enforcement) and other private actors (landlords, shop-owners and clients) were in some sense knowingly ‘using’, or weaponizing, lockdown and curfew against them, exploiting their increased vulnerabilities at this time.

For example, in Colombo, Sri Lanka, two young queer-identifying persons were thrown out of the home by their families on the evening that the government imposed an island-wide curfew, to be enforced by the police. They were living together in the home of one of the young people. They were rendered homeless at a time where violating curfew could result in arrest and police custody. This is especially concerning, since LGBTIQ persons are considered ‘criminals’ in Sri Lanka under penal code sections 365 and 365A³⁸. Fortunately, the Community Welfare and Development Centre intervened, and advocated for these two young people to be brought to a community safe house for a short time.³⁹

We heard reports of landlords putting a lot of pressure on people who are sex workers, or trans and gender non-conforming, to leave the premises, forcing them to pay rent while knowing that their

³⁵ Source: NIDWAN speaking to WWD

³⁶ Source: Key informant interviews with activists and organizations in Sri Lanka who wish to remain unnamed

³⁷ Source: Venasa Trans Network, Sri Lanka

³⁸ These sections cite colonial-era law to prohibit acts ‘against the order of nature’ which is interpreted to mean same-sex sexual conduct or any non-normative sexual conduct or identity / perceived identity.

³⁹ Source: Ephraim Shadrach, Community Welfare and Development Centre (CWDF), Sri Lanka

livelihoods had been disrupted, or using the curfew and the prevailing situation as a way to force them out.

In Sri Lanka, trans sex-workers who are daily wage earners, recounted being pressured by landlords to move out. Landlords did not always directly throw them out, but sometimes made it extremely difficult to remain in those lodgings.⁴⁰

In Nepal, many WWDs, especially indigenous WWDs who were in the capital city of Kathmandu working in menial jobs, were left without any source of income when the lockdown was announced. In most cases reported to NIDWAN, the women were either asked to leave the apartments/homes due to inability to pay rent or asked for sexual favours in return for shelter.

Sex workers in Sri Lanka also reported being exploited by clients who know that they are desperate for work. Some said they are being forced to work with clients who refused to wear condoms, leading to STIs and pregnancy, or to work for very low rates. They are also facing violence from clients.⁴¹

Because of their inability to pay rent, some sex workers in India report being forced to have sex with landlords, to be able to continue living with their children in their homes. Sex workers are also being forced by local shop owners to provide them with sex in exchange for food. In many cases, sex workers do not have any avenue for redress.

A sex worker in eastern Uganda stated, *“This lock down has affected most sex workers especially those who have been living in lodgings (sex workers often rent out rooms in lodgings to both live in and from which to operate their work). They have been thrown out of the rooms because they are unable to pay the daily room charges...at first, their access to utilities was blocked. Most of these women come from other places to do their business. There was no way they could travel back to their homes because the landlords held onto their national identity cards and there was no means of travel.”*

We also heard reports of an increased number of raids being conducted in parts of Sri Lanka and Kenya on sex workers community homes and LBTQ and GNC community homes by police. Those who were subjected to these arbitrary raids felt that the law enforcement was using the lockdown to conduct raids, knowing that the usual avenues for support available to them (calling lawyers, advocates etc.) were not an option.

Restriction of mobility and autonomy, and the loss of ability to exercise power

Due to the stigmatization, criminalization and marginalization, WWD, sex workers and LBTQ and GNC persons especially rely on their communities, friends and networks, for solidarity, acceptance and support. These community support systems ensure their safety and provide critical emotional support in the aftermath of experiences of violence and discrimination (when official remedies cannot be accessed, due to criminalization and stigmatization). Their inability to access spaces where their humanity and

⁴⁰ Source: Anonymous key informant interview Sri Lanka

⁴¹ Source: Praja Diriya Padanama, Sri Lanka

autonomy are recognized, and where they can gain access to community support systems, due to restricted mobility, further increases their vulnerability to violence and their lack of access to justice.

Public space has become increasingly policed, as law enforcement, and in some contexts even the military, lead government responses to COVID-19, including the enforcement of lockdown. This has also increased the vulnerability of those who are already pushed to the margins, since these measures expose them to the criminal justice system and law enforcement officials who are already biased against them. Occupation of public spaces (which can secure safety) and ability to access spaces where they can exercise their autonomy have been compromised.

In addition to disrupting the livelihoods of these groups, COVID-19-related lockdown nullified established systems of escaping and reporting GBV for these marginalized groups. We observed the issues which arose from limits to autonomy and mobility.

In the North Western Province of Sri Lanka, a woman who has been working as a sex worker recounted her experience on return to her natal home for the duration of the lockdown.⁴² Her movements and privacy (both online and on-ground) were heavily surveilled and restricted by her parents, even after curfew was relaxed by the government. She was blocked from reaching out to her community and friends, spaces where she is loved and accepted. She had few opportunities to get out of the house, and during these instances, she was able to also procure a few clients so that she could maintain some financial independence and stability. When her family found out that she was a sex-worker, they assaulted her. She was forced to leave the family home during a time when this made her more vulnerable to arrest⁴³.

The ability to negotiate is critical to the safety and well-being of sex workers. With over-policed public spaces and dwindling resources, sex workers have been forced to give up their ability to negotiate, making them more vulnerable to violence.

In April 2020, a sex worker in Kisumu, Kenya was beaten to death in a client's home by his children. She was forced to go to the client's home due to the lockdown and the related restrictions -- typically, for safety, sex workers meet clients in public places, such as nightclubs or bars, and rent lodgings for business. This ensures that they can leave any time, that others know where they are and so on, which is a part of the safety network which is established beforehand.

In Nairobi, Kenya another sex worker was stabbed to death in her house after agreeing to let a client stay the night, when he claimed to fear being assaulted by police if caught violating curfew. Due to loss in income, some have moved to involving middle-persons or pimps, with whom they cannot negotiate the percentage of fees due to them, or which clients they want to take on. Another sex worker in Kisumu was gang-raped by her client and his friends at a venue the client had selected. She had not been informed of this venue beforehand, nor had she agreed to more than one client.

⁴² Source: Indrani Kusumalatha, founder of Praja Diriya Padanama, Sri Lanka

⁴³ In Sri Lanka, curfew was enforced by police and curfew-violators were arrested.

In Sri Lanka, three informants recounted how young deaf girls and boys have had to leave their schools to return to their homes due to the lockdown. Many of them attend special schools for the deaf where they associate with others who use sign language and have access to a lively community. The usage of sign language in their homes is limited, due to a lack of training and awareness. Hence deaf students are having communication difficulties that lead to conflict and frustration within the home environment. This also leads to isolation and alienation. Such stress may lead to abuse. However, such abuse is unreported/under-reported due to cultural taboos about WWD, and the dependence on carers in restrictive conditions.⁴⁴

vii. Response by Government, NGOs and NHRIs

(This section responds to questions 2, 3, 4, 8, 9 and 10)

State violence against women and marginalized persons during the pandemic

In many contexts, we heard of an increase of policing, arrest and detention being used by the state against sex workers and LBTQ and GNC persons. Many felt that the lockdown was being ‘used’ by law enforcement to harass and extort these communities, knowing that their access to advocates, lawyers and other community mechanisms were limited.

LBTQ and GNC persons and sex workers we spoke with mentioned police raids during the lockdown. In Kenya, there are multiple reports of surprise police raids in hostels and residential blocks where sex workers live and/or work. These raids have included the use of tear gas and other forms of police brutality.

In two separate cases, police in Migori and Mombasa broke into the compounds to forcefully remove women from their rooms. In Mombasa, three of the women were taken away, held in police custody for a day, after which they were taken to COVID 19 isolation centers. The police claim that the women were in breach of the pandemic measures. To secure their release, sex workers have had to either pay law enforcement officers or provide sexual favours.

According to a collective of transgender organisations Uganda, Tranz Network Uganda, more than six LGBT shelters have been raided since the beginning of the lockdown and curfew. In a recent raid, 23 LGBT people were arrested and detained. Four were released on bail and 19 were kept in detention.⁴⁵ They were charged with engaging in ‘a negligent act likely to spread infection of disease’ and ‘disobedience of lawful orders’. They however were found not to be violating social distancing rules but released only after an outcry and action from the LGBT community and its allies.

Sex workers who are victims of arbitrary arrests are being exposed to COVID-19 in detention since treatment and isolation centers are being used to hold people charged with violating lockdown measures.

Gaps in communication of policies and guidelines

⁴⁴ Sources: Mrs. Harisha Varatharajah - Consultant on Inclusive Livelihoods & Disability Inclusion.; Kasunjith Satanarachchi, UNDP, Sri Lanka; Tikiri Kumara Jayawardena, President, Wellassa Organization of Persons with Disabilities

⁴⁵ UN rights experts’ statement on fear Uganda is using COVID-19 emergency powers to target LGBT people. Accessible here: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25832&LangID=E>

In India, Nepal, Sri Lanka, Kenya and Uganda, lockdown orders were given without prior notice. This meant that people had no time to prepare, putting marginalized persons in an even more precarious situation.

For WWD in all these countries, the biggest challenge was to get information on the lockdown and the guidelines being laid down by the government in formats which made it accessible to people with disabilities. In Kenya for example, the Kenya Women with Disabilities Network, a network advocating for the rights of women and girls with disabilities, informed us that for the first two weeks, the State's public announcements on national television about COVID-19 cases and guidelines for the public were never given with sign language interpretation provided. Only after an intervention through the national body of people with disabilities, did the government begin broadcasting announcements with sign language interpretation.

In Nepal, WWD reported they only received important information on COVID-19 guidelines and lockdown when organisations such as NIDWAN and NAPD reached out to them to provide them with care packages. In Nepal, the information on COVID-19 is not available in formats that are accessible to people with disabilities. As a result, they are not aware of how the lockdown is being implemented, nor COVID-19 prevention measures.

Government shelters and accessibility

Shelters and safe-houses provided by the government are often not accessible for women with disabilities and not welcoming to sex workers and LBTQ and GNC people.

LBTQ and GNC persons and sex workers all recounted that they were completely denied access to services. In Nepal, for instance, quarantine wards and government hospitals cordoned off for the treatment of COVID-19, have no reasonable accommodation for women with disabilities and are often not friendly to gender diverse people.

Government policies and increasing vulnerability to violence

The suspension of public transport has significantly increased the vulnerability of marginalized persons to violence.

In Uganda, the suspension of all public transport, and later the requirement to secure a transport permit from a District Resident Commissioner (DRC), made reporting and responding to cases of violence challenging. It also made SRHR inaccessible to the majority of citizens, during this critical period of time. The only group exempt from needing this permit to travel across district borders, are women who are visibly pregnant.

Facilities and services are often located outside one's district of residence and the DRCs are based in central points in their respective and vast districts. The majority of people in Uganda require public transportation to get to these offices or they would need to be able to hire a personal vehicle or taxi. But personal vehicles and taxis are expensive and therefore not available to all - creating additional barriers to someone attempting to escape a violent or potentially violent situation.

In Sri Lanka's legally enforced curfew, for instance, fleeing domestic violence was not possible for many survivors. Survivors simply had to resort to other survival mechanisms for living with violence.

Excluded from government relief packages

Criminalization of certain identities and professions has increased stigmatization and discrimination of these groups during times of COVID-19. This is especially true for sex workers, and LBTQ and GNC persons. Many sex workers not only lost their source of income but are excluded from government COVID-19 relief packages.

The All India Network of Sex Workers, for example, wrote a letter to National AIDS Control Organisation (NACO) requesting that sex workers be linked with the various social security schemes by the government. NACO wrote to the Ministry of Social Justice and Empowerment directing them to ensure that social security services reach key populations. However, since it is extremely difficult for sex workers to get identity cards and therefore access formal social security schemes⁴⁶, the services have not reached sex workers, despite persistent advocacy.

Most daily-wage earners were altogether excluded from government relief packages, and this especially affected sex workers and LBTQ and GNC persons engaged in any kind of daily-wage work. The informal labour sector was hard-hit in many contexts and were not covered by government relief packages.

As far as we know, not a single government policy in relation to relief in times of COVID-19, in the countries we studied, explicitly addressed or covered women with disabilities.

Government communication increasing stigma

In Uganda, the government aired a public notice urging 'girls' to keep away from truckers. The woman cast in this advertisement, commonly referred to as Bad Black, is considered by many to be a sex worker and therefore the appeal in the message for 'fellow girls/colleagues', is that sex workers should stop working with these truckers or risk infection, and the public should not associate with sex workers. Public announcements like this increased the stigma against with sex workers, by drawing a connection between sex workers and the virus.

The nature of sex work presumes close contact with their clients. This being seen as a violation of physical distancing measures, has resulted in sex workers being discriminated against on account of constantly being at risk of exposure to COVID 19. This can also expose them to more violence, being seen as disease-carriers.

Gaps in NGO support for sex workers, WWD and LBTQ and GNC persons

"Only a few women's rights organizations actually support sex-workers and LGBTIQ persons. Many do not. Not only did sex-workers not get the government-distributed COVID-19 stipend and rations, they were also

⁴⁶ RECOMMENDATION ON UN WOMEN'S APPROACH TO SEX WORK, SEX TRADE AND PROSTITUTION, Global Network of Sex Work Projects

excluded from rations distributed by non-governmental organizations", we were told by Indrani Kusumlatha, PDP, Sri Lanka.

While some mainstream NGOs have been supporting women during COVID-19, in our conversations with WWDs, sex workers and LBTQ and GNC persons from South Asia and East Africa, we found that mainstream women's rights organisations have not provided consistent (or any) support to these groups. States' inconsistency in their commitments to adequately respond to GBV, places the burden of addressing GBV to community-based organizations and NGOs. NGOs are reliant on dwindling financial resources, are constantly under government sanctions, state harassment/attacks, and grappling with shifts in donors' focus.

Apart from these factors, NGOs exclude these groups from their portfolio of responsibilities for other reasons too, such as prejudice.

The exclusion of sex workers often results from the erroneous view that sex work is not work. LBTQ and GNC persons have been historically marginalized because some feminist groups see sexual orientation and gender identity as distinct issues outside of their scope. WWD, on the other hand, are often simply excluded because they are invisible, or because many NGOs are unable to adapt to accessibility requirements that would facilitate WWD's engagement.

Social and other factors also play a role in the support that marginalized communities receive from NGOs. For example, in the Northern Province of Sri Lanka, a safe-house secured for trans persons in Jaffna had to be shut down because neighbours complained of 'suspicious' activity to the police, just before the country went into lockdown. Spaces such as these are the only safe-spaces available for trans and gender non-conforming persons. Their continuation is essential for the safety and wellbeing of trans, queer and gender non-conforming persons.

As for organizations working on violence against women, "*There are major national-level organizations which are meant to be working with women who are survivors of domestic violence... with shelters as well as legal and counseling services around the country. LBTIQ persons and sex-workers have never been welcome there... they do not see themselves as being welcome at these spaces anyway -- so does anything really change for us during lockdown?"* said Indrani Kusumalatha, Sri Lanka.

In two instances in New Delhi, sex workers faced discrimination by NGOs who were handing out food supplied. NGOs distributing supplies had media persons present and these media representatives asked sex workers to get their photos and to identify themselves as sex workers, rendering the situation dangerous for sex workers.

Examples of good practices from community and self-led organizations

Due to the persistent inaccessibility or hostility of state-run institutions and mainstream NGOs, groups led by sex workers, WWD and LBTQ and GNC persons have over the years established hotlines, shelters, social protection services and even their own banking systems. These groups have been providing support and documenting violence. This documentation has been a critical source of data on violence against

marginalized women and persons, since government and other NGO data will often not reflect the lived experiences of these groups.

Since the pandemic, these hotlines and services have become the only avenues available to communities, to reach out for assistance. Therefore, even hotlines which were not previously dedicated specifically to GBV have received an influx in calls from constituents needing rescues or referrals.

Sex worker led organisations in Uganda such as Uganda Network for Sex Work-Led Organisations (UNESO), Lady Mermaids Bureau, Alliance of Women Advocating for Change (AWAC), and Women's Organisation Network for Human Rights Advocacy (WONETHA), have renewed their programmatic strategies, in order to provide food, rent, personal protective equipment, distribute anti-retroviral drugs etc., to their sex worker beneficiaries. This has provided a counter to the fact that sex workers were left out of the government food-distribution schemes.

In Kenya, Coast Sex Workers Alliance (COSWA) has been following up on cases of violence against sex workers, including those of wrongful arrest and arbitrary detention at COVID-19 treatment/isolation centers. Bar Hostess and Support Program (BHESP) in Nairobi has been documenting cases of violence against sex workers, as well as following up on the murders of three sex workers in Nairobi which so far has led to the arrest of one perpetrator (who is a suspect in the murder of a sex worker last year).

In Uganda, ally organizations such as Human Rights Awareness and Promotion Forum (HRAPF), have provided legal advice and assistance to LGBTIQ people. Recently, HRAPF helped secure the release of 19 trans persons from police detention, after their shelter was raided. This support has included posting bail and representing LGBTIQ victims of targeted hate crimes.

In Sri Lanka, the Community Welfare and Development Fund used friendly volunteers to establish a telephone hotline called a “Befriender Network” for LGBTIQ persons during lockdown. In the absence of any state or NGO support for LGBTIQ survivors of domestic violence, the CWDF used the Befriender Network to reach out to LGBTIQ people living in situations of abuse. It opened up a channel of communication with a ‘friendly’ speaker on the other end of the telephone line. This provided great support for LGBTIQ people who had to endure dangerous, uncomfortable or abusive homes during lockdown, but had no route of exit.

In India, sex workers in the Sonagachi area in Kolkata, West Bengal, and from sex worker networks in other parts of the country spoke about the value of collectivisation and the manner in which this has been the only way they have been able to protect themselves from unlawful police raids and threats from landlords. Years of collectivising and working with law enforcement towards anti-trafficking measures has ensured that sex worker groups have negotiating powers even in restrictive settings where sex work is in some way penalized or criminalized.

It is clear that when marginalized communities have the ability to lead their own organizing efforts and collectivize for their needs, they are safer and have access to more avenues of protection.

viii. Access to justice and problems with the justice system

(This section responds to questions 5, 6 and 8)

While there have been many reports of domestic violence against women during the lockdown, the violence being faced by WWDs, sex workers and LBTQ and GNC persons remains underreported. This is because in many cases, sex workers and LBTQ and GNC persons face the repercussions of belonging to penalized or criminalized groups and may not report violence to the authorities. For WWD, even accessing reporting mechanisms -- often located within institutions such as police stations -- can be arduous.

Under lockdown restrictions in many contexts, case workers and protection officers were not considered essential service providers. This led to the dissolution of social services that was often the primary source of support for victims/survivors of violence.

There have historically been many gaps when looking at women survivor's access to justice and ability to access protection services when facing GBV and domestic violence. The COVID-19 lockdown has made this lack of accessibility, even more challenging, especially for marginalized women and groups.

These barriers to justice systems and mechanisms are further compounded by intersecting systems of race, class, gender, age, ethnicity, caste, ability etc. The effective result of this is that marginalized persons, such as sex workers, LBTQ and GNC persons and WWD are rendered responsible for their own safety and protection.

Women with disabilities are unable to step out of the house to get access to any legal support for the violence they have been facing at home. Lockdown orders do not take into consideration that carers and sign language interpreters for women with disabilities should be listed as an essential service. This has meant that WWDs have no avenue to even lodge a complaint about any form of violence they have been facing at home. This completely blocks their access to justice systems.

As for court systems, the lockdown has rendered them inactive for the most part. In Sri Lanka, moving courts to online spaces has been marked with a reduction in cases filed or processed. Online court systems also raise questions about accessibility -- how often are online reporting mechanisms accessible to WWD? Furthermore, online systems do not erase the systemic biases against women survivors of violence, sex workers, LBTQ and GNC persons in sexist societies. These mechanisms would still be out of reach for criminalized or stigmatized groups.

In many of the contexts we studied, law enforcement officials are given sweeping powers to make critical decisions regarding a case, at the very point of a complaint being lodged, and cases of violence against women are dismissed at police stations as not being high-priority. The biases of law enforcement officials against women survivors of violence are further compounded if they are sex workers, WWD and LBTQ and GNC persons. These biases seep into the ways in which cases are prepared, or even when the complaint is recorded. These biases are reproduced along the chain of events from complaint to court. Survivors of violence who are LBTQ and GNC persons, WWD and sex workers rarely see justice.

In New Delhi, India, conversations with AINSW illustrated how the Delhi State Legal Services Authority (DSLSA) had been discriminatory in their operations. While DSLSA has introduced a helpline for cases of

domestic violence, their lawyers are not sensitised on how to address or engage with sex workers. This makes it impossible for sex workers expect support for or relief from violence and harassment.

Overall, government responses to GBV and domestic violence have not consistently been regarded as essential services during lockdown and responding to GBV was not centrally addressed in COVID-19 related government response strategies.

ix. Access to SRHR services

(This section responds to questions 7 and 8)

Across countries in South Asia and East Africa, the pandemic has led to health systems breaking down or being inundated by the need to provide COVID treatment. SRHR services have been the least important at this time, though the need for robust SRHR has not dwindled for any community in any way.

Orders to self-isolate or stay home have endangered those who need regular access to medical and health services, in order to purchase medication, hormones, PEP, PrEP, and other forms of antiretroviral medicines (ART), sexual health screenings, contraception, safe abortion services, and so on.

“Particularly in Kisumu those who are seeking medications especially on STIs it has been taking a minimum of three days to access treatment. The medical staff in charge of treatment work in the morning on/around Covid -19 and resume other duties past 2pm within which they do not have the capacity to attend to all of the patients,” said a member of KISWA.

For the marginalized groups with whom we partnered, accessing SRHR services has never been easy, but the pandemic has made it more challenging. The reduction of resources allocated to SRHR services has resulted in maternal healthcare being the service easily available. Other critical SRHR services, such as access to contraception, treatment for sexually transmitted infections and diseases and other sexual health screenings, are not considered priorities. And yet, these services are, indeed, essential for the well-being of WWD, sex workers and LBTQ and GNC persons.

According to Tranz Network Uganda, the lack of availability of hormonal therapy for trans people in Uganda has increased the use of risky alternatives. Some trans women have opted to go on contraceptive pills, in an attempt to delay the effects of not having regular access to their usual hormonal therapy. Some trans men are using contraceptives to delay their periods, rather than the hormonal treatment they should be taking.

We also spoke with trans persons, who said that some who are using anti-retroviral drugs (as people living with HIV) are resorting to taking smaller doses or sharing them with others in the community. The lack of transportation and losses in income have meant that even if the medications and drugs are available in hospitals and in specialist clinics, they are inaccessible to the most marginalized people.⁴⁷

⁴⁷ Source: Tranz Network Uganda

Despite telemedicine being permitted in India, sex workers are not getting any medical or healthcare support from the government. A sex worker in Delhi was forced to pay a huge sum of money to go to a private hospital for an abortion because government hospital refused to provide her with this service without a COVID-19 negative report. However, getting a COVID test in India has been very difficult for any asymptomatic person. Since tests are rarely accessible and rarely given, making this a condition by which critical healthcare can be given or withheld, means excluding most from care.

“Many sex-workers we work with are typically very healthy and are very conscious of regular health check-ups and staying healthy. However, during this COVID-19 period, their health has really deteriorated because they are facing violence at home and are also being exploited by clients to have sex without protection”, said Indrani Kusumalatha, PDP, Sri Lanka.

When NIDWAN distributed food and relief packages to WWDs, they spoke of the range of mental health issues they observed, and the lack of access to support. In addition, the WWDs were not getting the medical care needed specific to their disabilities. This includes physiotherapy and other forms of therapy and health apparatus and medication.

x. Conclusions: Robust and Inclusive Responses to GBV

Our analysis of data collected for this this submission leads us to conclude that the deteriorating status of women’s rights to be free from violence, in Uganda, Kenya, Nepal, Sri Lanka, and India during this pandemic can directly be traced to the historical and ongoing failings of multiple systems and structures of state, community and family.

1. **The concerns and needs of historically stigmatized and marginalized persons and communities must be integrated into government and NGO strategies.** The safety and well-being of these communities depend on the visibility and broader acknowledgement of the issues they face.
2. **States must prioritize the total elimination of gender-based violence (GBV) including against those who are often reviled or ignored,** by revisiting the current legal and institutional regimes and policies, where ambiguity, lack of political will in implementation and resistance to change, have had devastating effects on the lives of marginalized women and trans people. These must be rigorously reviewed and amended to integrate the specific needs of marginalized people. For this, marginalized women and people must be part of these processes, so that their lived experiences inform the review and amendment processes. Loopholes in these laws and policies must be eradicated so that these promises can be justiciable and governments can be held accountable.
3. In addition, GBV must no longer remain a ‘women’s issue’, relegated to ministries and institutions who typically deal with women’s rights or on gender equality only. **Eliminating GBV needs to be woven into government institutions working on disaster management, health and social protection, as a priority, with urgency.**
4. Moreover, these efforts must encompass **the root causes of GBV.** This includes reviewing and repealing colonial-era and subsequent legislation which criminalizes, penalizes or stigmatizes any

community. This also includes addressing the deeply rooted social and cultural structures which uphold biases and prejudices against any community.

5. **Social protection and emergence response systems must be urgently revised to include marginalized people**, coupled with legislation and policies that recognize their humanity and autonomy, and ensuring that they have equal access to mechanisms of redress when faced with discrimination and violence.
6. **To achieve the above, governments must expand and accelerate their partnership with community-based and non-governmental organizations working towards the same goal.** The efforts being taken by organizations must be recognized by governments. Governments should carefully examine the data, research and expertise on gender-based violence that exists within feminist human rights organizations and community groups. This knowledge should be used when governments are formulating policies. Listening to the experiences of marginalized communities such as sex workers, LBTQ and GNC persons and WWD is essential. This is the only effective way to discover and shed light on the gaps which exist when we respond to GBV and VAW. Only if we address and close these gaps, can we ensure that all women's lives can be free from violence.