

Background Note: Briefing to the Executive Board, Second Regular Session 2020

“UN-Women’s response and prevention to sexual exploitation, abuse and harassment (SEAH) during COVID-19”

The COVID-19 pandemic has necessitated large scale and swift changes in the organisation of work, life and movement. As with previous health emergencies, a disruption to livelihoods, public services and the freedom of movement can increase the risk of sexual exploitation, abuse and harassment.¹ Isolation remote working arrangements, schooling arrangements, the negative economic impact and job insecurity all contribute to an enabling environment for exploitation, abuse and harassment. Support services for those who have experienced abuse are negatively affected including by the reallocation of resources.

Lockdowns, the need for health and care workers to travel to places of work and the experiences of those who toil in domestic spaces are of core interest to those examining sexual harassment during this era. Collection of data in this period is not as yet widespread, however, with formal investigations being limited in their geographical or sectoral coverage. Testimony remains a legitimate and valuable source of knowledge and these, as well as the limited quantitative data, are sourced in this note.

UN-Women has issued briefs on violence against women, including sexual harassment, during the pandemic. These address ICT channels of abuse and abuse that impedes work towards safe cities and safe public spaces. The office of the Executive Co-ordinator on addressing sexual harassment has held webinars on sexual harassment during COVID-19 which heard from experts and webinar participants. Recordings of these are to be uploaded to UN-Women’s website in August and available for Member States’ review. These briefs and the webinars provide much of the content herein. Human resources leads on sexual exploitation and abuse as well as sexual harassment case management and report below on this work.

Public spaces, public transport

UN-Women has reviewed the impact of COVID-19 on violence against women in public spaces². Available data shows that sexual harassment and violence against women, unsurprisingly, continue during the pandemic. Measures to respond to COVID-19 have decreased the number of people on the streets and in other public spaces, resulting in lower than usual witness observations and potential interventions as well as perhaps heightened expectations of impunity among

¹ The Executive Board decision focused on sexual exploitation, abuse and harassment; domestic violence is not addressed in this note.

² UN Women (2020). COVID-19 and Ensuring Safe Cities and Safe Public Spaces for Women and Girls. Available at : <https://www.unwomen.org/en/digital-library/publications/2020/05/brief-covid-19-and-ensuring-safe-cities-and-safe-public-spaces-for-women-and-girls>

with safety considerations in mind, opting for populated routes or places and setting limits on their mobility in relation to where and when they feel un/safe.

During COVID-19 lockdowns, street and public transport have been sparsely populated, increasing the actual and sense of isolation and danger. Many streets, parks and much transport have been less used, such that targets are isolated when dealing with unwelcome sexual remarks, groping, attempted rape and rape⁵. Trauma and other impacts accrue; witness interventions are necessarily curtailed by virtue of fewer persons being present. Many essential workers, of whom women make up a majority⁶, use public transport. Women report experiences of sexual harassment on their journeys to and from places of work⁷. Harassers may enjoy impunity or anticipate it in such circumstances. The fear and anxiety associated with public space that was already known to many women has been heightened during lockdowns and sits alongside fear of the virus.

A straw poll during two UN-Women webinars⁸ on sexual harassment during COVID-19 found that 78% of participants (n=233) were aware of sexual harassment in public spaces during the pandemic and 80% aware of it online.

Women's Safer Cities and Safe Public Spaces Programme, 6 March 2020, *UCL Urban Laboratory*. Available at: <https://www.ucl.ac.uk/urban-lab/publications/2020/mar/londons-participation-un-womens-safer-cities-and-safe-public-spaces-programme>

⁵ Maya Oppenheim, Sexual harassment including indecent exposure has got worse since lockdown, say women, 29 April 2020, *Independent*. Available at: <https://www.independent.co.uk/news/uk/home-news/coronavirus-lockdown-sexual-harassment-women-street-a9490326.html>;

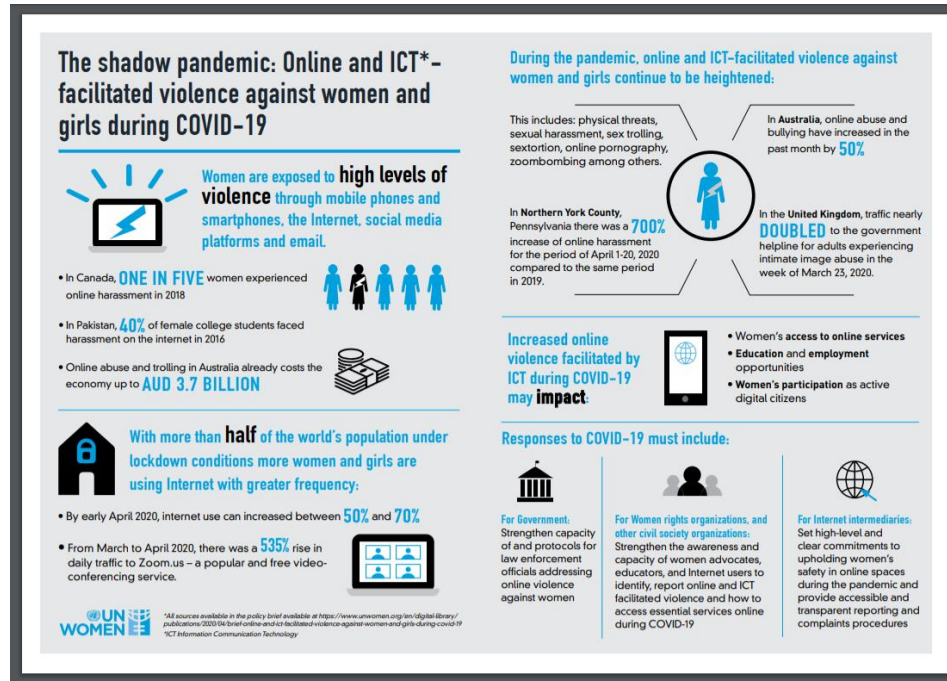
Hadley Middleton, Even lockdown doesn't stop women from being sexually harassed on the streets, 20 April 2020, *Metro*. Available at: <https://metro.co.uk/2020/04/20/even-lockdown-cant-stop-sexual-harassment-12571039/>

⁶ Shared by Eleanor Nwadinobi, International President of the Association during a UN Women webinar on 7 July 2020.

⁷ Shared by Jay Pitter during a UN Women webinar on sexual harassment during the COVID pandemic on 29 June 2020.

⁸ These two webinars were attended by 233 people, from across the world, including Afghanistan, Armenia, Australia, Austria, Bangladesh, Belgium, Bolivia, Brazil, Canada, China, Colombia, Congo, Democratic Republic of the, Denmark, Dominican Republic, Egypt, Ethiopia, Finland, France, Georgia, Germany, Guatemala, Haiti, Hong Kong SAR, Iceland, India, Indonesia, Iraq, Ireland, Israel, Italy, Jordan, Kenya, Kyrgyzstan, Liberia, Malawi, Malaysia, Mexico, Moldova, Republic of, Morocco, Myanmar, Nepal, Netherlands, Nigeria, Norway, Pakistan, Papua New Guinea, Philippines, Puerto Rico, Rwanda, Senegal, Serbia, South Africa, Spain, Sweden, Switzerland, Tanzania, Thailand, Trinidad and Tobago, Turkey, Uganda, United Kingdom, United States of America, Viet Nam. These figures are not conclusive as to prevalence but indicative at best.

Cyber harassment



Online violence⁹, including sexual harassment, appears to have worsened during the pandemic. Quarantine measures and self-isolation policies have increased internet usage by 50-70%¹⁰ and the vast majority of this use is home based.

Men (mostly) who harass are aware of the potential to reach their targets while they are in isolation, without easily being observed, and abusers seem to have made the most of such circumstances. Indeed, cyber-space allows easy anonymity and complicates accountability efforts. Sexual harassment includes sharing unsolicited pornographic videos while women connect to social events and unwelcome sexual remarks made in chat boxes during online work meetings or educational sessions. Abuse includes physical threats, sexual harassment, stalking, zoom bombing and sex trolling. In Australia cyber-abuse increased 50% during COVID-19.¹¹

Online violence and harassment can impact women's subsequent access to online services during COVID-19. Intrinsic harm and trauma results for the targets; women's voices and participation as active citizens may additionally be curtailed. Evidence suggests that women with intersecting social inequalities are often disproportionately targeted online and as a result can self-censor and withdraw from debates.

⁹ UN Women (2020). Online and ICT-facilitated violence against women and girls during COVID-19. Available at : <https://www.unwomen.org/en/digital-library/publications/2020/04/brief-online-and-ict-facilitated-violence-against-women-and-girls-during-covid-19>

¹⁰ Mark Beech, COVID-19 pushes up Internet use 70% and streaming more than 12%, first figures reveal, 25 March 2020, *Forbes*. Available at: <https://www.forbes.com/sites/markbeech/2020/03/25/covid-19-pushes-up-internet-use-70-streaming-more-than-12-first-figures-reveal/#26d87d7e3104>

¹¹ Sky News, Cyber abuse up by 50 percent amid COVID-19 restrictions, 11 April 2020. Available at: https://www.skynews.com.au/details/_6148739344001

Healthcare sector & Domestic Spaces

There are almost 100 million female workers in health and care work around the world¹², estimated to make up 70-75% of health and care providers¹³. Prior to the pandemic, almost half of the respondents in a survey of the Medical Women's International Association reported that they had received unwanted or sexual comments about their appearance¹⁴. Research with health workers in a range of countries found sexual harassment reports of up to 67%¹⁵. WHO notes that attacks on health workers have continued during the pandemic and include incidents linked to COVID-19¹⁶. Attacks include physical assault, threat, obstruction, cyberattacks and denial of services. In some countries, the pandemic has created a hostile environment with incidents of violence, discrimination and harassment.

Yet there has been little data publically available about sexual harassment in the sector during the pandemic. Unofficial conversations indicate both that sexual harassment is ongoing and that there is an unwillingness to share at this time¹⁷. Exhaustion, fear and the high potential risk of the virus to those on the frontlines mitigate against the prioritization of something that most have come to understand as a fact of everyday life. There is more work to be done to uncover and deal with these accounts as well as ensuring that health workplaces develop strategies effectively to end sexual harassment.

The work context for domestic workers has been significantly affected by the COVID pandemic, which in turn exacerbates inequalities via precarious work conditions. The ILO estimates that in the first few months of the pandemic over 70 % of domestic workers were impacted, including by reduction of working hours and loss of jobs¹⁸. Absence of social security cover and unemployment insurance additionally affect the 76% of domestic workers who are in the informal economy.¹⁹ The urgency of maintaining employment is therefore paramount for this group of workers.

The vast majority (80%) of domestic workers are women²⁰, many of whom are migrants or from minoritised groups. In some countries, migrant domestic workers are required by law to live-in, that is to be living in the home of their employer. Lockdown regulations mean that many were obliged to live with their employers in order to keep their jobs. They were not only living and working 24/7 in their employers' homes and dependent on the care practices (or not) their

¹² ILO, Women health workers: Working relentlessly in hospitals and at home, 7 April 2020. Available at: https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.htm

¹³ The UN and ILO estimate that women make up to 70% of workers in the health care sector.

¹⁴ Shared by Eleanor Nwadinobi, International President of the Association during a UN Women webinar on 7 July 2020. The study was conducted 2017 to 2018 by Monash University.

¹⁵ Claire Burke Draucker (2019). Responses of nurses and other healthcare workers to sexual harassment in the workplace. *OJIN: The Online Journal of Issues in Nursing* Vol 24, No. 1, Manuscript 3. Available at : <https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-24-2019/No1-Jan-2019/Responses-Healthcare-Workers-Sexual-Harassment-Workplace.html>

¹⁶ WHO, Attacks on health care in the context of COVID-19, 30 July 2020. Available at: <https://www.who.int/news-room/feature-stories/detail/attacks-on-health-care-in-the-context-of-covid-19>

¹⁷ Executive Co-ordinator's conversations with practitioners and researchers attested to this reticence.

¹⁸ 76% of domestic workers significantly impacted were in the informal economy – they were not registered for social security and are not eligible for unemployment insurance. See ILO (2020). Impact of the COVID-19 crisis on loss of jobs and hours among domestic workers. Available at: https://www.ilo.org/global/topics/domestic-workers/publications/factsheets/WCMS_747961/lang--en/index.htm

¹⁹ Institute for Policy Studies (2020). Notes from the storm: Black immigrant domestic workers in the time of COVID-19. Available at: <https://ips-dc.org/black-immigrant-domestic-workers-covid-19/>

²⁰ ILO: https://www.ilo.org/global/topics/domestic-workers/WCMS_209773/lang--en/index.htm

employers instituted but they were also removed from their own families during this period. Research remains limited to date but it suggests that wages were forced down²¹ during this period and personal protective equipment (PPE) has not universally been made available by employers. Almost 50% of domestic workers surveyed said they were fearful of seeking assistance or resources – rising to three quarters of undocumented workers.²²

Conditions that create dependence and heighten risk have therefore heightened during this period, developing enabling environments for sexual harassment. Isolation, precarious terms of engagement, control by employers and lack of access to support services are all factors that enable sexual harassment and/or complicate the quest for accountability of perpetrators. “When you are a migrant member of a minority group, nobody will listen to you when you talk about sexual harassment” said an expert at UN-Women’s webinar²³, demonstrating the intersecting dynamics of inequality that influence who is heard in their search for justice. As with the health sector, accounts of sexual harassment are only slowly and quietly emerging at this time: they should be anticipated.

Other

More generally, the pandemic, lockdown and precariousness of income are contributing to the sexualisation of everyday life and potential delay of justice and accountability measures. Pressure to exchange sex for rent²⁴ has increased as incomes have fallen or jobs have been lost during the pandemic. Investigations into sexual harassment may also be lessened²⁵ or delayed during the lockdown. UN-Women will continue to monitor and advise on appropriate measures as the pandemic and lockdowns continue and as targets of sexual harassment find space to share their experiences, if and when this is possible. Recognition of the conducive environment created by the pandemic will prompt advice on how continuing efforts to end sexual harassment can be strengthened in light of global changes during this period.

Sexual exploitation and abuse

While none of the sexual exploitation, abuse or harassment risks associated with the pandemic are new to UN-Women, their increased prevalence requires that already existing commitments and mechanisms be reinforced and strengthened. Employing the prevention of sexual exploitation and abuse (PSEA) during COVID-19 response framework developed by the Inter-Agency Standing Committee, UN-Women has undertaken targeted actions to address such risks. The organization also joined UN-system wide efforts of supporting UN PSEA Focal Points through informal

²¹ USA: 70% of black immigrant domestic workers surveyed either lost their job (45%) or had their hours or pay reduced (25%); 93% of domestic workers lost their jobs or had their hours reduced (with less pay). Fear of seeking support: 76 percent for undocumented and 35% for documented workers; see <https://ips-dc.org/black-immigrant-domestic-workers-covid-19/>

²² Institute for Policy Studies (2020). Notes from the storm: Black immigrant domestic workers in the time of COVID-19. Available at: <https://ips-dc.org/black-immigrant-domestic-workers-covid-19/>

²³ Niken Wulan, International Domestic Workers Federation, UN-Women Webinar of 7 July 2020.

²⁴ Robert E. Kessler, Feds warn landlords against sex harassment in housing during pandemic, 19 May 2020, *News Day*. Available at: <https://www.newsday.com/news/health/coronavirus/coronavirus-rent-payments-1.44756823>; Amber Milne, 'I had no choice': Sex for rent rises with coronavirus poverty, 21 May 2020. Available at: <https://www.reuters.com/article/us-britain-housing-harassment-trfn-idUSKBN22X2N7>; Rebeca Liebson, COVID-19 may have opened the door for landlords to harass tenants, advocates say, 3 August 2020. Available at: <https://www.thestate.com/news/coronavirus/article244605147.html>;

²⁵ Elisa Martinuzzi, Bullying and Harassment Increase for Some Workers in Pandemic Lockdown: Opinion, 23 June 2020. Available at: <https://www.insurancejournal.com/news/international/2020/06/23/573141.htm>

consultations. The PSEA Focal Points are members of the in-country PSEA networks and part of the country response under the Resident Coordinators/Humanitarian Coordinators.

To ensure consistent and context-specific internal messaging on SEA and SH, UN-Women organized regional internal dialogues with the entity's PSEA focal points to equip them with the most up to date information on SEA and SH relevant for their particular duty stations to guarantee maximum clarity across the organization. Key resources such as the Inter-Agency Standing Committee's Guidance on PSEA prevention and support during times of COVID-19 have been shared with the focal points, so that recommended actions could be taken. Moreover, to further raise SEA and SH awareness amongst all personnel, UN-Women is developing an internal outreach campaign developed specifically for the COVID-19 context, using a multi-media approach to maximize reach.

The reporting pathways available for allegations of SEA and SH provided by the Office of Internal Oversight Services were not affected by the COVID-19 pandemic. The investigation hotline, online reporting form, and email inbox have remained safe and accessible.

At the regional and country levels, UN-Women has been working closely with UN-system wide COVID-19 field responses in developing actions specifically targeting the heightened risks related to SEA and SH. For example, UN-Women collaborated in the development and promulgation of country-specific guidance notes on how to strengthen SEA and SH in the COVID-19 context. UN-Women partook in country team-wide SEA awareness raising efforts, such as the facilitation of townhalls for all personnel in a specific duty station, as well as training sessions for local women organization networks and implementing partners. In duty stations where there is an inter-agency PSEA working group, UN-Women participated in the adjustment of the PSEA work plan to the new COVID-19 context and has been actively involved in the risk assessment for the COVID-19 response, with special emphasis placed on SEA and SH. UN-Women has also been engaged in the identification of PSEA focal points within country and regional health structures (Colombia, Nepal, Lebanon, and Haiti).

In Bosnia and Herzegovina, the Centre of Women's Rights, funded by the UN Trust Fund to End Violence against Women (UN Trust Fund) responded to the increased risk for SEA during COVID-19 by facilitating a free phone line for legal aid and psychological support for victims/survivors of violence, available daily from 8 a.m. until midnight, and its staff is also providing online legal support and immediate assistance via Viber or Messenger (chat platforms). They have engaged volunteer therapists and continue educating police in Sarajevo through a distance-learning platform. In Vietnam, UN-Women in close collaboration with UNICEF distributed tens of thousands of guidelines to 392 quarantine centres across the country to ensure that managers and staff are provided with instructions to put protection measures in place targeting children, adolescents and women, ranging from safe living and proper hygiene conditions to gender-sensitive security measures to protect these groups from violence and sexual abuse. UN-Women has supported similar undertakings in other duty stations.

Additionally, UN-Women has continued to ensure that risks of SEA and SH are assessed and mitigated and also continued to uphold and employ all regular recruitment safeguards regarding SEA and SH.

Lastly, pursuant to its victim-centered approach, UN-Women has been collaborating closely with governments, partners and civil society organizations to expand and adapt gender-based violence response services, which includes SEA and SH service, to the pandemic circumstances in all its duty stations. Simultaneously, UN-Women's security and Safety Services has been working with UN Security Management System and UNDSS to implement the aide memoire for UN-Women internal gender-based security incidents across all locations to guarantee support services for personnel and their dependents.