POLICY BRIEF NO 3:

THE GENDERED IMPACT OF COVID-19 IN PAKISTAN
The Shadow Pandemic: Domestic & Gender-based Violence

CONTEXT

Gender-based violence (GBV) against women and girls pre-dates the COVID-19 pandemic. In Pakistan, 28 percent of women/girls aged 15-49 years have experienced physical violence, 6 percent sexual violence. A third of ever-married women (34%) have been subjected to physical, sexual, or emotional violence by their husbands; 7 percent have survived violence during pregnancy. The most common forms of spousal violence are emotional (26%) and physical (23%). Of paramount concern is the normalisation of domestic violence: a quarter of women in Punjab, half of those in Sindh and three-quarters of women in Khyber-Pakhtunkhwa believe that a husband beating his wife is justified for various reasons.

Numerous laws aim to protect women against, and provide redressal for, gender-based violence. The most significant here are the Domestic Violence Prevention and Protection Acts promulgated in Sindh (2013) and Balochistan (2014), and Punjab Protection of Women Against Violence Act 2016 which does not criminalise domestic violence per se, however, and only applies where Violence Against Women (VAW) Centres exist. Most lack stipulated institutions and committees to be fully implemented. Bills in Khyber-Pakhtunkhwa and the Islamabad Capital Territory are pending enactment. Following a GBV-dedicated pilot court, 116 special courts across the country have been sanctioned, and judges trained for these. Sindh is the only province to have reset the minimum legal age of marriage of girls to 18 years – at par with boys. Everywhere else, the minimum age of marriage for girls remains 16 years, although draft bills are at various stages to increase the legal age for girls.

Pakistan is a State Party to the Convention on the Elimination of All Forms of Discrimination against Women, Convention on the Rights of the
Current response systems encompass government-run shelter homes for women, Darul-Amans, in all provinces, women’s crisis centres, privately-run and a public-private partnership shelters. A plethora of government helplines exist for citizens, notably those of the Punjab Commission on the Status of Women, and Sindh Women Development Department; multiple civil society helplines including assistance for cyber harassment. There are government child protection units and legal aid-related services offered by a host of civil society organizations (CSOs) and government offices, such as the departments of Human Rights, Women Development, and Social Welfare and the VAW Centre in Multan. Sindh has piloted innovative – and effective – police-linked Women Protection Cells. The Federal Ministry of Human Rights (MOHR) established a toll-free helpline and a WhatsApp number to report cases of domestic violence during the coronavirus lockdown. During lockdown fewer women sought shelter, and initially, most shelter homes couldn’t admit new women for lack of isolation spaces, testing facilities and personal protective gear. Calls to government and privately-run Helplines spiked despite the challenges of a lack of privacy and phones, relating to both physical and cyber violence – the police-attached Women Protection Cells (WPC) in Sindh recording a 70 percent increase in survivor calls. Impeding access to justice, courts were only processing urgent matters, excluding GBV cases. Life-saving care and support to survivors of violence – such as clinical management of rape and mental health and psycho-social support – were disrupted as over-burdened health service providers concentrated on handling COVID-19 cases. Good practices include the WPCs, repurposing empty office spaces for shelters by the Khyber-Pakhtunkhwa government, directories of services and an about-to-be-launched telephone App providing directories and guidelines to navigate the required steps.

Child and International Covenant on Economic Social and Cultural Rights, amongst others. It enjoys GSP+ status in the Generalised Scheme of Preferences conditional to being compliant with 27 international conventions; has endorsed the Kathmandu Call to Action to End Child Marriage in Asia, and is a member of the South Asian Initiative to End Violence against Children and its regional action plan (2015-2018) to end child marriages. Under Agenda 2030, target 5.3 of the Sustainable Development Goals (SDG) commits Pakistan to eliminating child, early and forced marriage by 2030, and eliminating of all forms of violence against women and girls in the public and private spheres under SDG 5 on Gender Equality.

“Frustrations have increased, domestic violence has increased. Apart from this, the rate of divorce has increased, the number of pregnancies has risen, and cases of child abuse have also increased among many other social issues during this time period.”

**Male CSO worker, Lahore**

“He was responsible for all matters of the house but because of coronavirus, he is unable to do so. Because of this [he] gets enraged due to all the arguments and fights going on in the house and then vents this anger on whoever is around him, whether it’s his wife or kids or other family member. Or else, he tries to control his anger, which consumes him and affects his mental health.”

**Woman, unknown occupation, Lahore**

“...due to loss of income and business closures [men] have extremely negative behaviours: many have committed suicide; many have started physical abuse against family members. Life has become a burden to them.”

**Woman private sector employee, Mardan**

“...due to loss of income and business closures [men] have extremely negative behaviours: many have committed suicide; many have started physical abuse against family members. Life has become a burden to them.”

**Woman private sector employee, Mardan**
The Impact of COVID-19

The Gendered Impact of COVID-19 in Pakistan (GIC) sheds light on the pandemic’s dark underbelly of the spiralling verbal and physical domestic violence. In most households, deep anxieties about lost incomes/livelihoods, insecure and uncertain futures and being cooped up in homes without the relief valves of socialising led to mental stress and depression, frayed tempers and irritability (chirchirapan); endemic squabbles and fights between spouses and all household children and adults, spilling out into fights amongst male neighbourhood children and adults.

Men – unable to fulfil their socially-prescribed role of family providers – would vent their frustration as verbal and physical violence, directed at women and children. If GBV predated lockdown, its intensity and frequency increased. Some domestic violence ended in separations and divorce; some resulted in hospitalisation. Isolated reports emerged of girls being sexually abused and raped in overcrowded homes. Women and girls living with disabilities suffered immensely, confronting verbal and physical abuse and maltreatment at the hands of various family members.

Some women who lost their incomes also experienced impotent rage; some lost their standing in the home as a result. While all women sympathised with men’s frustration and depression, few men sympathised with women’s workload. In these exceptional homes, harmony increased as husbands lent a hand. Women’s workload of unpaid care and housework increased with the constant presence – and demands – of family men and children. Under pressure to manage with much reduced income flow, women, too, became irritable and prone to disputes – sometimes taunting husbands for failing to provide. Too frequently, frustrations ended up being vented on children who, out of school and unable to play outside, became boisterous, stubborn, unreasonably demanding and quarrelsome. Children were verbally and physically reprimanded by various family members.

Even as domestic violence spiralled, the pandemic disrupted protection systems, bringing to light gaps in policies and legislation. Trapped in with abusers and unable to leave their homes, GBV survivors were cut off from people and support. Women facing abuse at home did not know where to go or who to approach, those fearing for their lives ran to female relatives, neighbours and acquaintances who, themselves, were uninformed and did not approach formal support services, access to which was obstructed by the lockdown in any case.

Findings with regards to child early age marriages (CEAM) were mixed. Most people concurred that the lockdown delayed marriages, regardless of age. There is a feeling that where this is a common practice, it will continue regardless of external factors; others that CEAM is no longer practiced by their community. Yet the limited responses linking CEAM and COVID-19 induced circumstances were telling. These identified two key drivers: parents resorting to marrying daughters – considered to be a financial burden – at early ages to cope with the pandemic-induced financial pressure; and people taking advantage of the greatly reduced costs of unique COVID regulations to expedited marriages, regardless of age. One woman also suggested the restrictions allowed people to covertly marry off underage girls in low profile events.

These early warnings and people’s predictions of CEAM increasing in the near future as people marry “off their daughters to lessen their financial burden even though they were minors.” An added risk relates to girls not returning to school after prolonged closures either because they are helping out in domestic chores or because families with less income can no longer afford to support their education. Out-of-school girls are always at a higher risk of being married off early. Months after the data was collected (August 2020) these predictions have started being confirmed by CSOs on ground.13 The only silver lining as such is the not uncommon view that marriages under the age of 18 are indeed child-marriages and not to be encouraged.
RECOMMENDATIONS

I. Prevention & Risk Mitigation for GBV against Women & Girls
   i. Expand the definition of essential services to include all GBV response services and include GBV in ‘urgent matters’ of courts to ensure services continue during emergencies;
   ii. Establish integrated 1-window response mechanisms and sensitis all staff
      a. Upgrade Darul Amans in Punjab to replicate the VAW Centre model and extend the Protection of Women Against Violence Act 2016 to the whole province;
      b. Sindh to Expand Women Protection Cells to all districts in Sindh;
      c. Initiate similar mechanisms in other provinces;
   iii. Strengthen GBV helplines and improve referral mechanisms. For this:
      a. Train helpline operators for GBV response and preparedness (e.g. case management, psychosocial support, legal counselling) and ensure familiarity with the law and external referral mechanisms,
      b. Adopt measures to improve linkages and coordination of diverse GBV-response actors and sectors, including health and social services, police/investigation, lawyers, judges, and CSOs,
      c. Ensure that all helpline services are toll-free and government helplines are Internet and SMS enabled;
      d. Take steps to integrate the multiple government helplines into single provincial helplines interlocking services with ensure links to the MOHR helpline;
   iv. Expand the capacity and resources of shelters: repurpose empty government offices to accommodate emergency, ensure adequate protective gear, testing and skills;
   v. Support CSOs working on GBV (shelters, counselling, legal aid, etc.) to remain open in emergencies;
   vi. Enhance and support the capacity of community health workers, as actors trusted by community women to identify and respond to signs that might indicate GBV and girls at risk of CEAM, and provide referrals to appropriate support services;
   vii. Ensure child protection units and helplines remain operational during emergencies, with counsellors trained to provide counselling and support to children;
   viii. Widely publicise relevant laws & services, how to access these;
      a. Support GBV-focused telephone apps to provide directories for all districts and be functional for non-android phones.

II. Prevention of Child and Early Marriages (CEAM)
   i. Legislate 18 years as the minimum age of marriage for girls in the Islamabad Capital Territory, Punjab, Khyber-Pakhtunkhwa and Balochistan, with clear guidelines to ensure legislative compliance including making CNICs of the bride and groom mandatory for marriage, and appropriate penalties for deviations from the law for family members, registrars or third parties involved;
ii. Prioritise enrolment and ensure 100% retention of female students. For this:
   a. Expand/institute stipend programmes for female students most at risk of dropping out/being forced away from education,
   b. Mass messaging promoting the family and societal value of girls’ education, return to and retention in schools & highlighting the serious adverse impact of CRAM on the health of girl child-brides, their off-spring, & family’s financial health.

III. Improved relations within households
   iv. Develop and robustly promote using all means a new State narrative on gender roles that:
      e. Condemns domestic violence in all its forms and fosters understanding of the negative consequences, especially financial, of domestic violence,
      f. Promotes the economic and social value of house and care work carried out by women and more equitable sharing of responsibilities for this,
      g. Supports women’s paid work;
   ii. Advocate greater economic opportunities for girls and young women, including the provision of capacity building and skills training on jobs and careers;
   iii. Widely circulate practical information on coping, positive parenting, responsive caregiving and protecting children from abuse and violence;

IV. Mitigate mental health risks
   i. Develop and deploy suitable evidence-based responses to mitigate drivers of mental stress and depression in the COVID-19 context and institute protocols for future emergencies;
   ii. Ensure mental health services in public hospitals are available and accessible;
   iii. Expand accessible digital counselling for mental health conditions, including and suicidal ideation inter alia:
      a. Free effective mental health advisory helplines to provide counselling and psychosocial services remotely. For this, first assess the use and effectiveness of the Sindh Mental Health Authority Helpline for different demographics;
   iv. Enhance capacity for community-level interventions and prevention efforts;
   v. Develop robust communication strategies to de-stigmatis e mental health, create awareness and messaging to improve emotional well-being.
The Gendered Impact of COVID-19 in Pakistan study – supported by UN Women Pakistan, and undertaken by Shirkat Gah–Women’s Resource Centre (SG) and the Community Engagement Centre (CEC) – assessed gender-specific implications of pandemic-induced lockdown in 10 districts of Sindh, Punjab, and Khyber Pakhtunkhwa. The research provides evidence for effective inclusive response interventions and sustainable strategies for recovery around (1) livelihood and economic resilience, (2) intra-family gender relations and diverse facets of gender-based violence (GBV), (3) experiences of persons living with disabilities (PWD), and (4) social capital/cohesion and resilience.

The bulk of the data was collected from July to August 2020 by engaging 347 women, 180 men, and 9 trans-persons. Inadequate data on women and girls living with disabilities led to another round of data collecting in November-December 2020 through in-depth interviews of 9 women and 1 man living with disabilities, and six organisations.