Q Navbar Welcome Tim! | View Profile Logout Explorer Welcome to the **publications** information page In academic papers there is often a thorough literature undertaken prior to tackling a topic. These reviews can serve as a way to gain an understanding and appreciation of a given topic. How to use this site While searching for papers, one often reads an abstract to determine whether a paper is of relevance. However, the data provided for this competition did not provide an abstract or other metadata fields. In order to make the publications more accessible, a machine learning algorithm has been leveraged to summarise the publications. These summaries make it easier to find publications on the topic Topics of interest before diving into the full publication Global attitudes > Beyond the boundaries of this competitions boundaries, I believe this approach can be extended to other forms of media not included is towards GBV this competition. For example, the approach used here can be extended to internet news articles and blog posts from around the world. World Bank There would be several benefits: Information Hub Centralising links to different GBV related media Female • Encouraging user engagement and conversation, particular relating to academic research Reproductive Health Easier search for relevant topics relating to GBV **Tools and Data** > Lastly, please join our community conversation at the bottom of the page. You can write posts showcasing your insights, write posts commenting on others' posts, or just enjoy the conversation unfold. If you enjoy a user's content, click their name above their post to see their profile and other posts across the website. Articles and summaries - to view a full article, please click the summary GBV is an expression of gender inequality and toxic masculinity. it requires the same effort and attention that governments have given to COVID-19. the increase was a reminder of the need to have contingent mitigatingmechanism to protect the marginalized, women and girls, against a co-existing pandemic, GBV. 'we need to be able to do 975465research-article2020CRS0010.1177/0896920520975465Critical SociologyDlaminiArticleGender-Based Violence,Twin Pandemic to COVID-19Critical Sociology1-8© The Author(s) 2020Article reuse guidelines:sagepub.com/journals-permissionshttps://doi.org/10.1177/0896920520975465DOI: 10.1177/0896920520975465journals.sagepub.com/home/crsJudy DlaminiUniversity of the Witwatersrand, South AfricaAbstractThe COVID-19 pandemic exposed and exacerbated existing inequalities within countries and across geographies. It reminded us how the world and its people are interconnected. Genderbased violence (GBV), which is an expression of gender inequality and toxic masculinity, is anotherpandemic that exists in all societies at varying degrees of prevalence and severity. 1 It requires the same effort and attention that governments globally have given to COVID-19. With halfthe world under lockdown as governments' response to COVID-19, GBV increased significantly (UN Women, 2020a). The increase was a reminder of the need to have contingent mitigating mechanism to protect the marginalized, women and girls, against a coexisting pandemic, GBV. The intersection of marginalization and discrimination made certain groups of women more susceptible to GBV and COVID-19 pandemics. These intersecting social identities of vulnerabilityneed equal attention in order to eradicate inequality (Simonovic, 2020). Keywordssociology, GBV, COVID-19, gender inequality, intersecting discrimination, racism, pandemic, ageismIntroductionGender-based violence (GBV) is violence that is directed against a person on the basis of their sexor gender, and it includes acts that inflict emotional, physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. 2 It is psychological, physical and/or sexual violence perpetrated or condoned within the family, the general community or by thestate and its institutions. 2 GBV occurs in all societies, social classes and cultural groups, and it is aglobal pandemic that affects one in three women in their lifetime, pre-COVID 19 (The WorldBank, 2019). It is prevalent throughout the life-cycle stages for women – infancy, girlhood, adolescence, adulthood and old age. The impact of GBV goes beyond the suffering of survivors and theirCorresponding author: Judy Dlamini, University of the Witwatersrand, 269 Oxford Road, ILLOVO, Sandton Johannesburg, Gauteng 2196, South Africa. Email: judy@mbekani.co.za2Critical Sociology 00(0) families, and it is estimated that the cost to the economy can go up to 3.7% of some countries GDP.3 It affects girls and women's self-esteem and prevents them from realizing their full rights ashuman beings and as equal citizens. Violence against girls and women undermines countries' achievements of at least the first six of the eight United Nations Millennium Development Goals (Solotaroff and Pande, 2014). Women and girls experience violence in a variety of different contexts, within family, the community and broader society. Advancement in technology has addedcyberviolence against women as another channel for GBV.Pre-COVID-19 Statistics (World Bank, 2019): • 35% of women worldwide have experienced either physical and/or sexual intimate partnerviolence or non-partner sexual violence. •• Globally, 7% of women have been sexually assaulted by someone other than a partner. •• Globally, as many as 38% of murders of women are committed by an intimate partner. Almost 18% of women and girls aged 15–49 years who have ever been in a relationship have experienced physical or sexual violence by an intimate partner in the previous 12 months (UnitedNations Office on Drugs and Crime (UNODC), 2018). In 2017, 87,000 women were intentionally killed. The majority of these killings were committed by an intimate partner or a family member (UN Women, 2020a). •• Less than 40% of women who experience violence report it; most of those who do, seek helpfrom a family or a friend; less than 10% of women who seek help go to the police (UNWomen, 2020a). •• 200 million women have experienced female genital mutilation/cutting. •• Before COVID-19, 1 in 10 women in the European Union reported having experiencedcyber-harassment since the age of 15, including having received unwanted, offensive and sexually explicit emails or SMS messages, or offensive, inappropriate advances on socialnetworking sites. •• According to a November 2016 survey by the All-China Women's Federation, 30% of married Chinese women had experienced some form of domestic violence (Allen-Ebrahimian, 2020). •• Global cost of violence against women and girls, prior to the pandemic, stood at US\$1.5 trillion, approximately 2% of global domestic product (UN Women, 2020a, 2020b). Many studies have shown that children growing up with violence are more likely to become perpetrators of violence in the future or survivors of GBV. A study on South Asia shows concerning statistics (Solotaroff and Pande, 2014): • South Asia has the highest levels of excess female child mortality among world regions. Within South Asia, India has the greatest excess female child mortality of all countries forwhich data are available; Bangladesh, Nepal and Pakistan also show high levels. Since theearly 1990s, however, excess female child mortality has declined in Nepal and Sri Lankaand dramatically in Bangladesh. Excess female child mortality in India, however, hasremained firmly and largely unchanged. • South Asia also has the highest rate of child marriage in the world, with 46% of girls married by age 18. In Bangladesh, more than 40% of girls are married by age 15. • Demographic Health Surveys data from countries whose surveys include questions aboutphysical domestic violence show that almost one-half of surveyed married women inDlamini3Bangladesh, one-third in India and one-quarter or more in Nepal and Pakistan report physical spousal violence. •• In spite of all eight countries in South Asia having specific constitutional provisions that seek to address gender equality and having signed the Convention on the Elimination of AllForms of Discrimination Against Women, women and girls are still seen as men's property, they are not seen as equal human beings with equal rights as men and boys. Impact of COVID-19 on Women and GirlsThe social and economic stress brought by COVID-19 pandemic exacerbated preexisting toxicsocial norms and gender inequality. At the time when half of the world population was in lockdowndue to COVID-19, the number of women and girls between ages of 15 and 49 who had been subjected to sexual and/or physical violence perpetrated by an intimate partner (GBV) was no less than 243 million (UN Women, 2020a). Many countries from developing and developed economies reported an escalation of GBV during the lockdown; France reported an increase of 30% of domestic violence cases since the lockdown on March 17; Cyprus and Singapore reported an increase inhelpline calls by 30% and 33%, respectively, in Argentina emergency calls for domestic violencecases increased by 25% since the beginning of the lockdown; in Canada, Germany, Spain, the UKand the USA, government authorities, women's rights activists and civil society partners haveindicated increasing reports of domestic violence during the crisis, and/or increased demand foremergency shelter (UN Women, 2020a). According to UN Women (2020a) essential services have experienced increased pressure from the escalation in GBV; In Australia, A Women's Safety New South Wales survey revealed that 40% of frontline workers reported requests for help by survivors, and 70% reported that the casesreceived have increased in their level of complexity during the COVID-19 outbreak. There have been increased reports of both physical and verbal attacks on healthcare workers in China, Italyand Singapore (UN Women, 2020a). Simonovic of the Human Rights Watch identified an intersection of marginalization and discrimination making certain groups of women more susceptible toGBV, namely, domestic workers; older women; women with disabilities, including in institutionalsettings; women without access to technology; women facing overlapping discrimination or inequalities; and women facing housing precarity and violence (Simonovic, 2020): • The added burden for domestic workers varies from exclusion from the safety nets that protect other frontline workers to increased workload with children at the house and employersworking from home. In some instances, emotional abuse with no recourse to the perpetrator. •• Older women are exposed to abuse by partners, adult children, caregivers and/or other family with whom they live. In spite of the vulnerability of older women, some governments do not consistently collect comprehensive data on violence against older women. For example, the Crime Survey of England and Wales does not collect domestic abuse data on people over74 years of age. Human Rights Watch's report to the UN states that the US-based andfunded, Demographic Health Survey administered in more than 90 countries does not collect data on violence against women over 49, including during the COVID-19 pandemic, despite the fact that 21.8% of women worldwide are currently over 49. Recognizing thatwomen live on average to 74 years, this practice ignores at least a third of the averagewoman's life, an important third in the woman's life. • People with disabilities living in institutions, including women, have documented abusivetreatment and poor conditions in private and state institutions in Brazil, Croatia, Ghana, India, Indonesia, Kazakhstan, Serbia and Somaliland. Restriction of visits during COVID-194Critical Sociology 00(0)lockdowns has meant that fewer people, especially family members, are able to spot abuseand neglect, including GBV, against women and girls in these facilities. • The significant digital gender divide globally was further exposed by the COVID-19 pandemic. According to the International Telecommunications Union, in 2019, 48% of women used the internet globally compared to 58% of men; the gap grew between 2013 and 2019 in Arab states, Asia, the Pacific and Africa. The UN Broadband Commission in a studyacross 10 countries in Africa, Asia and South America found women were 30%-50% lesslikely than men to use the internet to participate in public life. Mobile phones are the primary means of accessing the internet in low- and middleincome countries. According to the GSMA, a global network of mobile operators, 48% of women in these countries use mobile internet; they estimate that a gender gap of 23% incomes countries are mobile internet; they estimate that a gender gap of 23% incomes countries are mobile internet; they estimate that a gender gap of 23% incomes countries are mobile internet; they estimate that a gender gap of 23% incomes countries are mobile internet; they estimate that a gender gap of 23% incomes countries are mobile internet; they estimate that a gender gap of 23% incomes countries are mobile internet; they estimate that a gender gap of 23% incomes countries are mobile internet; they estimate that a gender gap of 23% incomes countries are mobile internet; they estimate that a gender gap of 23% incomes countries are mobile internet. persists, representing 313 million fewerwomen using mobile internet than men. Lack of access to connectivity deprives women theability to work from home and access critical services like survivor support groups, counselling, health information (including sexual and reproductive health), and other onlineresources that can be critical lifelines to women experiencing GBV during the lockdown. Those women with digital access have other challenges: an escalation of online GBV, inhibiting or preventing women internet access. Targeted groups include young women, womenbelonging to ethnic or racial minorities; Indigenous women; lesbian, bisexual and transgender women; women with disabilities; women human rights defenders, journalists; bloggers; women from marginalized groups; and those facing multiple and intersecting forms of discrimination may be particularly and acutely effected by online GBV. According to UNWomen (2020a) before COVID-19, 1 in 10 women in European Union reported having experienced cyberharassment since the age of 15. Internet shutdown by some governmentsposes another challenge, especially for women because of power differential within societies. Quite a few governments use internet shut down as a form of censorship, and theseinclude Bangladesh, India, Myanmar and Pakistan. Such shutdowns violate multiple rightsand can be deadly during a crisis like COVID-19. • Women with intersecting discriminations and/or inequalities are more vulnerable. Inmany countries, women from already marginalized communities find themselves on thefrontline as essential workers, in more economic precarity as informal workers, or facingunaddressed institutional racism and health disparities. This includes the so-called BAMEcommunity in the UK, which stands for black, Asian and minority ethnic groups, a termthat is rejected by some. Migrant and BAME women face exclusion at different levelsincluding language, where only English is used to communicate important information, tolack of women shelters for migrant and BAME women. As an example, as of May 2019, Women's Aid found that there were only 418 dedicated shelter spaces across England for BAME women, 4 dedicated spaces for women over 45, 12 for women with learning disabilities, and none for deaf women. Migrant women in the UK are in a more precarioussituation with abusers using their status to prevent them from seeking help; those on visassuch as spousal or fiancé visas have 'no recourse to public funds' under the Immigrationand Asylum Act 1999, making them ineligible for most government benefits. In Mexico, the government cut the budget by 75% for Casas de la Mujer Indigena (Indigenous Women's Centre), which service rural and Indigenous areas of Mexico, forcing many of the centers to close leaving rural Indigenous women with nowhere to go. A survey of more than 3000 adults in Colombia found that while nearly 1 in 3 women reported experiencingviolence in the home during the pandemic, a slightly higher percentage of healthcareworkers did. What is more concerning is that, 45% of people who identify as gendernon-conforming experienced violence. Dlamini 5 Globally women tend to take on a disproportionate share of the caregiving for children unable toattend day-care, preschool or school due to COVID-19 taking care of the elders amongst otherunpaid essential work. This compromises time left for women to participate in income-generatingactivities. Other challenges are based on gender discriminatory legislation, for instance, in countries where inheritance laws discriminate against women and girls or where same-sex partnershipsare not legally recognized, the death of a spouse or father from COVID-19 could have genderedimpacts on women, girls and people in same-sex relationships who may lose access to thedeceased's estate, as well as their share of the marital property or inheritance. According to the Mor (2018), out of 161 countries surveyed, only 37 had specific laws granting equal rights formen and women to own, use and control land. Extending land rights and ownership to women, in her view, is one of the prerequisites for achieving the 2030 Agenda for SustainableDevelopment. Quite a few countries had challenges with places of shelter for displaced GBVsurvivors, prior to the pandemic. The challenge was exacerbated with the escalation of violenceagainst women. Crises exacerbate existing inequalities; this was learnt from the Ebola and the Zika health crises. Women are disproportionately responsible for unpaid work, informal and low-paying jobs with less security. Job losses for vulnerable women who are in abusive relationships will make it difficult for them to escape. Some pay the ultimate price, killed by anintimate partner. Proposed Solutions to GBV During and Post COVID-19GBV is complex in its causality and requires a multiprong and multi-stakeholder solution. Actions by Governments Gender inequality is one of the main drivers of GBV. Inequality causes harm to its victims and society at large. Addressing this human right violations is the first step to protect society from the two pandemics, health crises and GBV. Economies that do not treat the majority of its citizens asequal citizens, women and girls, deprive all society prosperity and human dignity. Governmentshave to use policy and funds allocation to empower women economically, ensure they have equalaccess to land, quality education, health, proper sanitation and safety. Gender Budgeting 4 Gender budgeting is an initiative to use fiscal policy and administration to address gender inequality and women's advancement. The Council of Europe defines gender budgeting as a 'genderbased assessment of budgets incorporating a gender perspective at all levels of the budgetaryprocess and restructuring revenues and expenditures in order to promote gender equality'. The Beijing Platform for Action', adopted in 1995 at the Fourth International Conference for Women, explicitly called for gender budgeting as one way of securing equality between men and women. According to Stotsky et al. (2016), Sub-Saharan African countries were among the earliest countries in the world to adopt gender budgeting with mixed success. South Africa was the first adopterin Sub-Saharan Africa. Some success has been achieved by South Africa, Rwanda and Uganda.Leadership by the finance ministry and input from other stakeholders, namely nongovernmentalorganizations and donors, are some of the key success factors. The importance of leadership wasdemonstrated with the waning of gender budgeting efforts in South Africa with changes in parliamentarians (Stotsky et al., 2016).6Critical Sociology 00(0)UN Women (2020b) has a few recommendations for governments to address the increase of violence against women: •• Allocation of additional resources, including evidence-based measures, to address violenceagainst women and girls in COVID-19 national response plans; •• Strengthen services for women who experience violence during COVID-19; •• Build capacity of key services to improve quality of response; • Put women at the centre of policy change, solutions and recovery; • Ensure sex-disaggregated data are collected to understand the impact of COVID-19 on violence against women and girls to inform the response; and Integration of GBV preventioninto women's socio-economic empowerment initiatives. Actions by Civil Society Organizations Civil society has a major role to play, building strong advocacy and awareness about the GBV scourge. Advocacy work should include bringing all stakeholders together, sensitizing and engaging the private sector on ways to identify and respond to GBV, addressing gender inequality; partnership with media and faith-based leaders for challenging gender stereotypes and toxic masculinity; engage with law enforcement to ensure safety for women and girls. The messaging should beinclusive in terms of language and accessible in terms of media channels used to ensure reachingall vulnerable groups. Collaboration among women organizations, men's organizations and disability organizations will give birth to a platform where inclusive solutions are co-created. Different countries have instituted different innovative initiatives to address the increase ingender-based violence; in Spain women are exempt from the lockdown if they experience domestic violence; in Italy prosecutors ruled that perpetrator should leave the family home as opposed tothe survivor; in the Canary Islands, Spain women use a code 'Mask-19' to alert the pharmacist ofdomestic violence, which brings police to offer support. 5The Case of South Africa (ISC-GBVF, 2020) South Africa is said to have the highest statistics of GBV in the world, including rape and domesticviolence (Onyejekwe, 2004). In an article on GBV, South Africa's second pandemic (Ellis, 2020), President Ramaphosa described the femicide and GBV scourge, stating that, one woman is killedevery 3 hours. The COVID-19 pandemic and the lockdown were associated with a spike in GBVand femicide. GBV and femicide are twin pandemics to the COVID-19 pandemic. When the democratically elected government took over in 1994, women represented less than 2% of parliamentarians (20-Year Review SA 1994–2014). Targeted interventions and policy reforms were introduced intended to achieve gender equality. Policies to protect women rights like The Promotion of Equality and Prevention of Unfair Discrimination Act and the Promotion of Administrative Justice Act; The Employment Equity Act of 1998 to facilitate equity in access to formal employment for womenacross race; The National Crime Prevention Strategy of 1996 making violence against women and children a national priority are amongst many other women-friendly policies. In spite of these initiatives, GBV and femicide remain very high in South Africa. In 2018, when President Cyril Ramaphosahad just assumed office, there was an outcry at the escalation of femicide and violence againstwomen and children. Local women groups and some men groups staged a protest, which was led by the #Totalshutdown Movement. The response was a Presidential Summit where government, civilsociety and non-governmental organizations came together to strategize on ways to eradicate violence against women. The product was the setting up of the Interim Steering Committee on GBVDIamini7and Femicide (ISC-GBVF) (2020), which oversaw the development of the Emergency ResponseAction Plan (ERAP) with an implementation period of six months and total budget allocation of R1.6 billion. The ERAP seeks to mobilize all sectors of society against GBV and to guide the coordination of the national effort. The plan addresses five key intervention areas. Five key intervention areas: (International Steering Committee-GBVF, 2020) · · · · · · · Access to justice for victims and survivors; Change norms and behaviour through high-level prevention efforts; Urgently respond to victims and survivors of GBV; Strengthen accountability and architecture to respond to the scourge of GBVF adequately; and • Prioritize interventions that facilitate economic opportunities for addressing women's economic vulnerability. This initiative was inclusive with collaboration across government departments and civil society. Each area of intervention has human and capital resources committed. The ERAP was delivered inthe midst of the COVID-19 pandemic. Eradication of GBV and femicide goes hand-in-hand witheradication of poverty and inequality. In order to achieve the desired change, commitment from allstakeholders and leadership are key. Conclusion GBV and COVID-19 are twin pandemics in South Africa and many other countries to varying degrees. Vulnerable groups, especially women, bear the brunt of health crises and/or any conflict. The empowerment of women, especially those with co-existing social identities of disadvantage, namely race, social class, ageism, disability and sexual orientation, is key for economic prosperity of countries. The COVID-19 pandemic was a reminder, to all countries, for the need to eradicate inequality. It was a reminder to humankind our interconnectedness. It is hoped that we never goback to the pre-COVID anomaly. Declaration of Conflicting Interest The author(s) declares that there is no conflict of interest. Funding The author(s) received no financial support for the research, authorship and/or publication of this article. ORCID iDJudy Dlaminihttps://orcid.org/0000-0003-1343-0600Notes1.2.Wealth Health Organisation (2009) Promoting gender equality to prevent violence against women. WorldHealth Organisation. Available at: https://apps.who.int/iris/handle/10665/44098 (accessed 25 September2020). 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Available at: https://www.unodc.org/documents/data-and-analysis/GSH2018/GSH18_Genderrelated_killing_of_women_and_girls.pdf [Accessed 10 September 2020]. study aimed to assess how attitudes and beliefs respond to the spread of HIV and gender-based violence in Tanzania. prevalence of HIV among adults aged between 15 and 49 years in 2011-12 was 51% and consistently about 80% higher in females than in males in all age groups. findings may imply that now men are taking positive roles in issues of domestic violence, reproductive health and disease prevention, sexuality and in domestic life and child care. in other sub-Saharan countries, 61% of people livingwith HIV are women GBV is a gross violation of fundamental human rights and has severe, long-term negative impacts on the health sector in Tanzania. a recent Demographic and Health Survey (TDHS 2010), revealed unacceptable high prevalence of GBV in Tanzania. a national policy guideline has been developed to address the critical and largely unrecognized problem of GBV in Tanzania. a national policy guideline has been developed to address the critical and largely unrecognized problem of GBV in Tanzania. thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy at the University of Waikato. study examined how novelists employ dominant discourses of gender-based violence to depict perpetrators and victims of violence against women. young Tanzanians make sense of these textual constructions. study examined how novelists employ dominant discourses of gender-based violence to depict perpetrators and victims of violence against women. a sample of 15 Kiswahili novels, published between 1975 and 2004, was analyse the paper is jointly published by the African Union Commission - Women, Gender and Development Directorate (AUC-WGDD), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), Office of the United Nations High Commissioner for Human Rights (OHCHR) and United Nations Population Fund (UNFPA) SHARP INCREASES IN THE RISK OF GENDER BASEDVIOLENCE IN AFRICA during the COVID-19 PANDEMIC. the paper is Gender-based violence (GBV) is a global problem that demands committed action and sustained resources. CARE's Vision 2030 Strategy for ashared future puts forward a goal that 50 million people of all genders experience greater gender equality. this includes eliminating GBV, and increasing women and girls' voice, leadership and education CARE's GBV projects have: Increased the proportion of people who reject intimate partnerviolence by 1/3 (from 42% to73%), enabling 17 million people to live a life LESSONS FROM THEGENDER-BASED VIOLENCEINITIATIVE IN TANZANIAAPRIL 2016. AIDSFree is implemented by JSI Research & Training Institute, Inc, with partners Abt Associates Inc, Elizabeth Glaser Pediatric AIDSFoundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, JhpiegoCorporation, and PATH AIDSFree supports and advances implementation of the US President's Emerg cases of gender-based violence against women have risen by 25% during the pandemic, making it a major publichealth concern. due to the pandemic, 500 000 more girls are at risk of being forced into child marriage, and 1million more are expected to become pregnant. the global girlhood report 2020 predicted that due to the pandemic, 500 000 more girls are at risk of being forced into child marriage, and 1 million more are expected to become pregnant. if we did not discuss the COVID-19 pan model couples in eliminating gender-based violence in Rwanda. the curriculum is a set of interactive trainings and take-home exercises designed to help reduce genderbased violence amongst couples in Rwanda. it draws on the experience of the Journeys of Transformation curriculum, developed by Promundo and CARE International in Rwanda and implemented in partnership with the Rwanda Men's Resource Center (RWAMREC), as well as the experience of Rwanda Women's Network (RWN) the curriculum is a set of globally, 1 in 3 women worldwide have experienced physical and/or sexual violence by an intimatepartner or sexual violence by any perpetrator in their lifetime. the number of domestic violence cases reported to a police station in. Jingzhou, a city in Hubei Province, tripled in February 2020, compared with the. same period the previous year3. the health impacts of violence, particularly intimate partner/domestic violence, on women and their children, are significant. stress, the disruption of social and protective networks authors thank all individuals who participated in the focus groups and interviews. authors wish to express their gratitude to all the individuals who participated inthe focus groups salvatory, BA, MAUniversity of dar es salam, is a researcher at the u.s. champions. a drophina salvatory, BA, MAUniv GBV and Violence Against Women (VAW)513GBV as a Global and National Human Rights Issue of Concern714 Achievements by the Government: A Bid to Eradicate GBV4030 Introduction4031 Successes and Achievements of Anti-GBV Initiatives40311 Achievements by the Government: A Bid to Eradicate GBV40311 Achievements by the Government: A Bid to Eradicate GBV40311 Achievements by the Government: A Bid to Eradicate a systematic review of studies that examined the prevalence of gender-based violence (GBV) that included intimate partner violence (IPV) and non-IPV among women in sub-Saharan Africa (SSA). fifty-eight studies met the inclusion criteria. pooled prevalence of IPV among women was 44%, the past year-pooled prevalence of IPV was 355% and non-IPV pooled prevalence was 55%. a random effect meta-analysis was used. a random the home is not always a safe place for children, adolescents, women and older people who are experiencing or are at risk of abuse. lockdowns, stay-at-home, and physical distancing measures have been implemented to contain the spread of COVID-19. however, there appears to be a decline in the reported numbers of childabuse victims and women survivors seeking help in-person or remotely since lockdownmeasures were implemented. in some countries there appears to be a decline COVID-19 and its impact on violence against women and girls. a third of women who are intentionally killed are killed by a former intimate partner. less than 40% of the women who experience violence seek help of any sort. a third of women who are intentionally killed are killed by a former intimate partner. a third of women who are intentionally killed are killed by a former intimate partner. a third of women who are intentionally killed are killed by a former intimate partner. a third of women who NATIONAL PLAN OF ACTION TO ENDVIOLENCE AGAINST WOMEN AND CHILDREN IN TANZANIA2017/18 – 2021/22i TABLE OF CONTENTSAbbreviations and Acronyms iiiDefinition of Key Concepts ivPart I: Introduction11 Tanzania Country Profile12 Socio-Economic Situation13 Situation Analysis14 National Efforts to Address Violence Against Women and Children15 Gaps/challenges in more than 7,000 women age 15-49 were asked about their experiences of violence and female genital cutting (FGC) in the 2010 TDHS. almost 2 in 5 women in Tanzania have everexperienced physical violence since age 15. 44% of ever-married women have experiencedphysical or sexual violence by their current/mostrecent husband/partner. a third of ever-married women have experienced such spousal violence in the past 12 months. a third of ever-married women have experienced WHO is not responsible for the content or accuracy of this translation. you may copy, redistribute and adapt the work for non-commercial purposes. under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes. you may not use the WHO logo if you adapt the work, then you must license your work under the same or equivalent Creative Commonslicence. if you adapt the work, you must add the following disclaimer along with the suggested citation human development trust (HDT) acknowledges efforts made by Mary Manase Ahungu. report identifies gaps in policies and laws that perpetuate gender-based violence in Tanzania. report also acknowledges KIWOHEDE for partnering with us in this work. ahungu: "without her, this report wouldn't have come into our hands" - ahungu: "without her, we wouldn't have been able to end gender-based violence, HIV and Rwanda's Men's Resource CentreAbbreviationsCARECooperative for Assistance and Relief Everywhere,IncorporatedCEDAWConvention on the Elimination of all Forms of Discriminationagainst WomenICRWInternational Center for Research on WomenIMAGESInternational Men and Gender Equality SurveyI3132333435RESEARCH FINDINGSProfile of the ParticipantsExposure and Involvement with ViolenceGender AttitudesSocio-Cultural Norms and Value GENDER-BASED VIOLENCE INTANZANIA: AN ASSESSMENT OF POLICIES, SERVICES, AND PROMISINGThis publication was produced for review by the US President's Emergency Plan for AIDS Relief. it draws heavily from a previous unpublished report co-authored by Elizabeth Doggett in 2005. the author thanks Ms Doggett for her valuable contributions. ACKNOWLEDGMENTSThis report draws heavily from a previous unpublished report co-authored by Elizabeth Dog indashyikirwa is an intimate partner violence (IPV) prevention programme in Rwanda. it is a 5-month curriculum to promote equitable, violence-free relationships amongformally and informally married heterosexual couples. findings suggest poor legal protection and limited institutional responses for informally married women whoexperience IPV. the implications of the framework have been questioned (Garry, 2011), including its limitations to address a variety of coexisting identities and how gender interacts with factors such as age, disability, sexuality, Strengthening the health system response to violence against women in Uganda: lessons learned from adapting and implementing WHO guidelines and tools. under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. if you adapt the work, then you must license your workunder the same or equivalent Creative Commons licence. WHO is not responsible for the content or accuracy of this translation The original English edition shall bethe binding and violence against children is a serious human rights, social and public health issue in many parts of the world and its consequences can be devastating No country is immune, whether rich or poor Violence erodes the strongfoundation that children need for leading healthy and productive lives. violence against children is never justifiable nor is it inevitable If its underlying causes are identified and addressed, violence against children is entirely preventable. Tanzania is the first country in Africa to undertake a national study on violence against children - for the first time measuring all forms ACCELERATIN G ACTION TOADDRESS VIOLENCE AGAINSTWOMEN AND CHILDREN. the government of Tanzania publicly launched the findings of their second-ever Violence Against Children Survey (VACS) in august of 2011. the survey was only the second such survey ever to be completed (the first being Eswatini). a network of national community-based organizations also announced their priority commitments to address violence against children. a global pandemic that for generations has overall trends in COVID-19 in the HECA region mirror those around the world which shows more men die from the disease than women. but women and girls are particularly hard hit by the continued socio-economic effects of the pandemic. Across the region, a few countries (ethiopia, Kenya, Rwanda) have crafted policies that respond to women's needs. by and large COVID-19 responses are either gender blind or gender neutral. women make up less than a third of the COVID the overwhelming global burden of IPV is borne by womenAlthough women can be violent in relationships with men, often in self-defence, and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners orex-partners. IPV includes physical, sexual, andemotional abuse and controlling behaviours by an intimate partner. a growing number of population-based surveys have measured the prevalence of IPV, mostnotably the WHO multicountry study on women violence against women is a public health problem and a violation of human rights. nearly 1 in 3 women worldwide have experienced physical and/or sexual violence by an intimate partner. as many as 38% (1) of murders of women are committed by an intimate partner. violence can result in physical, mental, sexual, reproductive health and other health problems, and may increase vulnerability to HIV. the health sector has an important role to play in addressing violenceagainst women by providing comprehensive health services. if you are a Write a post! Posts let you interact with your community, share insights and come together for collective conversations. You can also view a post's author's bio and other posts by clicking on their username above their post. **Enter Post Title** Write a post... tell us what you think! Have an interesting insight, please share! Drag and Drop or Select Files Submit #0 Obi Don't forget the back of mind pandemic! Reading the summary of the first post caught my attention me because of the mention of COVID-19. I guess I proved the article correct. The idea is that countries and governments need to show GBV issues the same attention they show COVID-19. I would never have gone looking for an article like this, but the summary did get me curious. Nice idea! #1 Joe This section reminds me of google! I often get articles with the headlines on my daily google feed. These help catch my attention and direct me to relevant articles. It looks like Obi experience this but through the publication summarisation tool. #2 Jenny **Great idea brewing!** I think we brewing a great idea. If I receive relevant articles and posts relating to GBV from this side daily (or once a week) I would love receiving the enlightening information. COMMUNITY, CAN WE MAKE THIS HAPPEN? #3 Tim Improvements possible? Hey, I'm enjoying the summaries as they are a simple read for me to determine whether I am interested in the publications. However, there are a few summaries that need improvement. Is this a data issue that could be improved? #4 Kuda Click bait abstracts? The summaries are basically publication abstracts with more interesting details. Excuse the term, however, I do find the summaries have 'click bait' potential. For example, in the second article, we are told that men are taking positive roles in addressing domestic violence and reproductive health. This really made me curious and read the full publication. Great and interesting read!