

The impact of epidemics on sexual exploitation, abuse and harassment

This evidence digest draws on evidence from past infectious disease epidemics to explore how the risks of sexual exploitation, abuse and sexual harassment (SEAH) increase during these outbreaks, and some good practice examples of how the aid sector has addressed these issues. The digest is arranged in two sections - the first section reviews selected evidence on the increased risks of SEAH, whilst the second section highlights guidance and resources on preventing and responding to SEAH during COVID-19.

A large number of the reports reviewed relate to Ebola Virus Disease (EVD) outbreaks, particularly in West Africa. Very little evidence was found relating to other infectious disease outbreaks, namely Severe Acute Respiratory Syndrome (SARS) or Middle East Respiratory Syndrome (MERS). Whilst much of the material reviewed discusses broader issues of child protection and gender-based violence (GBV), in particular domestic and intimate partner violence, this digest seeks to draw out the specific findings that relate directly to SEAH (see Summary box opposite).

Summary

Epidemics may increase the risks of SEAH as a result of measures designed to prevent their spread such as quarantine, curfews, school closures, and increased hygiene practices. Additional factors such as widespread unemployment and escalating poverty levels also exacerbate risks of SEAH, especially against women and girls. Several reports featured below highlight the sexual abuse and exploitation of girls by response workers during the disease outbreaks. Many of these risk factors will play out in relation to SEAH within the COVID-19 pandemic, and it is valuable to ensure lessons learnt during previous infectious disease epidemics will inform the global response.

A number of recommendations for the aid sector emerge from the guidance including:

- ensuring organisations adhere to the Inter Agency Standing Committee (IASC) global guidelines;
- adopting a zero-tolerance approach to perpetrators;
- providing training and values clarification work for all responders to ensure they understand issues of power and exploitation;
- increasing the number of female first responders;
- considering options for online or virtual reporting and response services; and
- ensuring the meaningful engagement of women and girls throughout any response planning, implementation, monitoring and evaluation.

Defining SEAH in the aid sector

The RSH has adopted the following definitions and understanding of SEAH in the aid sector:

- **Sexual Exploitation:** Any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes. Includes profiting monetarily, socially, or politically from sexual exploitation of another. Under UN regulations it includes transactional sex, solicitation of transactional sex and exploitative relationship (UN, 2017).
- **Sexual Abuse:** The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. It should cover sexual assault (attempted rape, kissing / touching, forcing someone to perform oral sex / touching) as well as rape. Under UN regulations, all sexual activity with someone under the age of 18 is considered to be sexual abuse (Ibid.).
- **Sexual Harassment:** A continuum of unacceptable and unwelcome behaviours and practices of a sexual nature that may include, but are not limited to, sexual suggestions or demands, requests for sexual favours and sexual, verbal or physical conduct or gestures, that are or might reasonably be perceived as offensive or humiliating (UN, 2018).
- In defining the aid sector, this includes SEAH perpetrated against **‘anyone involved in the delivery or receipt of humanitarian aid and development assistance’** (RSH working definition of safeguarding) and **includes forms of SEAH perpetrated against both children and adults.** This includes all forms of SEAH perpetrated by or against staff or associates involved in the delivery of humanitarian aid and development assistance, as well as communities.

Selected evidence on increased risk of SEAH during pandemics

Whilst there has been some evidence documented about the increased risks of gender-based violence during pandemics, there is much less that addresses SEAH specifically. However, many of the risks emerging from the various papers we reviewed below document the problems of breakdown in societal structures, the scarcity of resources, and the impact on livelihoods, lack of access to basic services and increased dependency on aid, all of which increase the risks of SEAH including at the hands of aid workers. There are documented incidents of sexual exploitation exacerbated by the economic impact of pandemics and the responses to them. This includes, for example, demands for sex in exchange for treatment, or basic necessities, by response workers and by armed or security forces enforcing quarantine measures which are meant to protect them. School closures pose particular risks to girls in terms of SEAH, early marriage and teenage pregnancy, with potential long-lasting risks of sexual exploitation and abuse.

[“Everything on her shoulders”. Rapid assessment on gender and violence against women and girls in the Ebola outbreak in Beni, DRC. \(2019\)](#)

This rapid qualitative assessment conducted by IRC aims to explore the effects of the Ebola Virus Disease (EVD) outbreak and how it impacted women and girls already living in insecure situations, in Beni, DRC. Whilst the report covers broad aspects of violence against women and girls, many of the findings relate to increased risk of SEAH as a result of the changing context the EVD outbreak. The findings are based on community perceptions from focus groups discussions with adult women, men, adolescent girls and boys (16-18 years) and key informant interviews with community leaders, health workers, religious leaders and community workers / volunteers.

The report finds that girls' and women's risk of sexual violence and harassment increases in times of crisis as a result of the following:

- Increased hygiene practices, such as more frequent hand washing, requires girls and women to collect water more frequently, travelling long distances putting them at greater risk of sexual violence and harassment.
- Reduced household income as a result of lack of access to markets and fields, leads to an increase in transactional sex and commercial sexual exploitation.

The report makes a number of recommendations of which the following relate to SEAH:

- Any humanitarian response needs to integrate the IASC global guidelines to ensure that response actors are safely and appropriately meeting the needs of women and girls, zero tolerance for perpetrators and safe accountable support services are available.
- Women and girls need to be meaningfully engaged in needs assessment, design and monitoring of the response.
- Access to community based psychosocial support through local women's groups and women-led community-based organisations needs to be increased as this can help to bring GBV response services closer to those that need them.
- Use of mobile phones or online services should be explored. In this case the Ministry of Health in DRC launched a free hotline for reporting concerns about SEA.

['Worse than the war': An ethnographic study of the impact of the Ebola crisis on life, sex, teenage pregnancy, and a community-driven intervention in rural Sierra Leone.](#)

This report is based on rapid ethnographic research conducted at the end of 2015 in two districts in Sierra Leone. 621 people took part in group discussions and a further 255 people participated in in-depth and key informant interviews. The research was designed to understand the wider impacts of the Ebola crisis on communities, in particular on children, as well as to explore the particular issue of teenage pregnancy. The rates of teenage pregnancy in Sierra Leone increased significantly during the Ebola crisis, and this is seen as largely a result of disruption of social routines, including school closures, and an increase in transactional sex as a result of increased poverty and sexual exploitation by Ebola workers. The phenomenon of 'Ebola marriages' - girls becoming pregnant following the promise of marriage by Ebola workers in exchange for sex and then being abandoned - was widespread. Community members reported that prior to the outbreak girls had been able to earn money and take care of their needs by selling at the market; however, as a result of the Ebola outbreak this ceased, leaving them vulnerable to sexual exploitation in exchange for food and basic necessities.



The report makes a number of recommendations that are relevant for future pandemics, including:

- Selection and training of emergency workers. PSEA must be an integral part of any selection, training and ongoing monitoring of emergency workers. A detailed Code of Conduct must be signed and adhered to. Training must focus on building empathy and an understanding of the adverse effects of sexual exploitation on girls, children and families.
- Social protection and other means of supporting livelihoods at the household level must be integrated into any prevention and response effort, in acknowledgement that poverty is a key driver of sexual exploitation and teenage pregnancy.

[Gender-based violence among adolescent girls and young women: A neglected consequence of the West African Ebola outbreak. \(2019\).](#)

In this chapter in the book *Pregnant in the time of Ebola: Women and their children in the 2013-2015 West African epidemic*, the authors set out to compare women's and adolescent girls' health and safety during war, peacetime and the Ebola outbreak drawing on a number of studies and newspaper articles. Adolescent girls' vulnerability to SEA is heightened in times of emergency and crisis, and often neglected. This is further compounded by years of normalised, structural violence against women and girls and impunity during the civil war period.

Many of the public health measures, including quarantine, curfews and school closures, designed to prevent the spread of the virus are actually believed to have exacerbated the risks of sexual violence, rape, exploitation and harassment. Other factors such as separation from family members due to quarantine or illness put adolescent girls at greater risk of SEA. Restrictive laws preventing girls from returning to school if pregnant mean that many may be at even greater risk of exploitation in the future.

The report makes the following recommendations: ensuring adolescent girls' voices are included in the epidemic response and recovery to enable them to transition safely and with dignity and control into adulthood; and removing restrictions on pregnant adolescent girls from returning to school when they open.

[Gender Analysis: Prevention and Response to Ebola Virus Disease in the Democratic Republic of Congo. \(2020\)](#)

This study by Care International examines the gender dimensions of the Ebola outbreak, and documents key findings and lessons learnt from mixed method research involving primary data collection with 1008 individuals aged 10 to over 30 in focus groups and key informant interviews, conducted in October and November 2019 in four health zones in DRC (Butembo, Katwa, Kayna and Mabalako).

A number of the study's findings relate to situations in which girls' and women's exposure to SEA increased:

- An influx of Ebola responders with significant amounts of disposable income appears to have led to an increase in sexual exploitation of girls, including an increase in transactional sex.
- Poverty and employment uncertainty gave rise to economic and sexual exploitation. Individuals demanded financial kickbacks for helping secure employment and women were subject to sexual abuse as a pre-requisite to employment.
- Families requiring more water more often due to increased hygiene and handwashing led to girls travelling away from their homes early in the morning or after dark, which increased their exposure to sexual violence.
- An increase in female headed households appears to have led to situations where women and girls were being forced into exploitative sexual relationships as a coping strategy to meet their household needs.

Recommendations for future epidemics:

- ensuring a 'zero tolerance' approach is adopted by humanitarian organisations when investigating allegations and taking disciplinary actions;
- ensuring women are key stakeholders in any response as frontline community health workers, mobilisers and contact tracers;
- ensuring that women's rights organisations are involved in any decision making to strengthen the gender responsiveness of interventions;
- reinforcing reporting and referral mechanisms for survivors of abuse;
- ensuring survivors, whether children, adolescents or adults have access to both immediate and long-term psychosocial, medical and legal support.

[Impact of COVID-19 Pandemic on Violence against Women and Girls \(2020\)](#)

This rapid review conducted for DFID by the VAWG helpdesk documents evidence emerging about increased risks related to domestic violence, workplace violence, racial and sexual harassment, risk of abuse and exploitation for vulnerable women workers, VAWG in emergency settings and sexual exploitation by state officials and armed guards. For example, during the 2018-2020 Ebola outbreak in DRC there were reports of sexual exploitation by frontline health workers during a vaccination programme where women were being asked for sex in exchange for treatment. Lack of supervision for children at some treatment centres where caregivers receive treatment may also increase their risk of SEAH. Reports of SEAH by armed forces enforcing quarantine measures were also noted during the Ebola outbreak in Sierra Leone. The review suggests a 'twin-track' approach to addressing these issues including supporting organisations working directly with supporting survivors and integrating VAWG into sectoral responses.

[Are We There Yet? Progress and challenges in ensuring life-saving services and reducing risks to violence for women and girls in emergencies. \(2015\)](#)

This IRC paper is a follow on from a 2012 paper – Lifesaving, not optional: protecting women and girls from violence in emergencies. It looks at progress made towards prioritising GBV in funding streams; the quality of coordination efforts; implementation of GBV risk reduction guidelines; and the delivery of specialised GBV services, through the examination of four emergencies, one of which includes the Ebola crisis in Sierra Leone. Whilst the report focuses on GBV in emergencies more generally, the Sierra Leonean case study highlights a number of factors that increase the risk of SEAH in non-conflict related emergencies:

- gender and GBV analysis was poor during the crisis - there was a lack of sex- and age-disaggregated data at the beginning;
- manipulation and sexual exploitation by guards stationed outside homes during quarantine;
- loss of income from village savings and loans meant women were at greater risk of sexual exploitation;
- women and men were treated in the same wards which increased women's risks of sexual abuse and harassment;
- specialist GBV services were severely disrupted, with a shortage of doctors to provide medical attention in cases of GBV or SEA, and no trained GBV experts to monitor risks and protect women and girls.

Recommendations include:

- ensure services and funding are in place to address the full range of immediate and long-term material, social and psychological needs; and
- ensure local organisations, including women's rights organisations, are included in the recovery planning and monitoring.

[Pandemics and Violence Against Women and Children. \(2020\)](#)

In this working paper produced by the Centre for Global Development, the authors reviewed published and grey literature related to pandemics and violence against women and children (VAW/C) to better understand the risks of VAW/C, including SEA. The paper focuses primarily on interpersonal violence (IPV), including sexual violence and exploitation, and violence against children, drawing on learning from Ebola, Zika, HIV and H1N1.

The paper documents a number of risk factors linking pandemics and VAW/C. Those most relevant to SEAH include:

- A breakdown in societal infrastructure, including health, transport, food, sanitation, legal, security and governance structures, leads to changes in the way essential goods such as food, firewood and water are obtained. These changes expose women and girls to unsafe and risky settings and to sexual violence and harassment. Reports include girls being sexually assaulted by taxi drivers and Ebola burial teams who provided food and cash in exchange for sex.
- The closure of schools and general health services may make it harder to identify potential issues of abuse or maltreatment, which are often identified through schools.
- Economic survival needs may increase sexual exploitation, sexual violence, and forced / child marriage, and teenage pregnancy, which themselves may also lead to increased threats of violence and abuse.
- Protective strategies become more difficult. Strategies identified for women and girls such as moving in groups or ensuring aid workers are accompanied when visiting refugee households become more difficult to implement during infectious epidemics.
- The dependency of women and children on aid for survival further increases their risk of sexual exploitation and abuse due to the unequal power relations.

Some of the strategies suggested for addressing PSEA included:

- exploring options for online or virtual response services including hotlines, WhatsApp groups and other online social safety nets;
- ensuring any emergency or temporary housing or shelter is safe both from risk of infection but also any increased risk of exposure to SEA that may arise; and
- ensuring female first responders and health care workers are included in planning and preparedness.

[Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings \(2020\)](#)

This report by Care International identifies a marked lack of research on the implications of public health emergencies on different groups, especially women and girls. This paper tries to address this gap by looking at the gendered implications of COVID-19 on women and girls, informed by lessons learned from past public health emergencies.

The paper highlights that intimate partner violence (IPV) may be the most common type of violence that women and girls experience during emergencies, particularly when restrictions on movement or quarantine measures are put in place.

In addition, SEA of vulnerable groups by humanitarian personnel may increase during these situations. Statistics on the prevalence of SEA are often lacking and vary by context. However, evidence from both the recent Ebola outbreaks - 2014–16 West Africa and 2018–2020 outbreak in Democratic Republic of Congo - suggests that SEA incidents increase during public health emergencies. Along with an increase in transactional sex, child, early or forced marriages may rise as a result of the economic impact of these pandemics.

Recommendations that relate to SEAH include: involve female health care workers and local women leaders in decision making to ensure that responses address the needs of women and girls safely; prepare for surges in GBV, IPV, and SEA incidents among women, girls, sexual and gender minorities, and other vulnerable populations; support mobile hotlines to mitigate and respond where this can be done safely.

Selected guidance and resources on preventing and responding to SEAH during COVID-19

The following resources and guidance have been developed largely as a result of learning from previous epidemics and seek to provide recommendations for organisations as they develop their response to COVID-19.

[Safeguarding Against Sexual Exploitation and Abuse and Sexual Harassment \(SEAH\) across DFID Programmes during the COVID-19 Pandemic. \(2020\)](#)

This guidance note produced for DFID staff and implementing partners stresses the importance of integrating efforts to safeguard against SEAH as standard in all sectors that are scaling up as part of the COVID-19 response. This requires continuing to uphold IASC and Development Assistance Committee (DAC) SEAH standards, strengthening accountability mechanisms, ensuring gender and social inclusion analysis considers the SEAH risks to particular groups, and increasing funding for SEAH.

Groups at heightened risk of SEAH during the pandemic include women and girls, in particular adolescent girls; boys; people with disabilities; sexual and gender minorities; those in refugee camps or fleeing violence; and women working on frontline service delivery, including as health responders.



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Recommendations to safeguard against SEAH in programmes as well as supporting reporting and response to SEAH include:

- continuing to uphold 1) IASC Minimum Operating Standards on PSEA, and 2) The Core Humanitarian Standard;
- prioritising tackling SEAH at the highest levels of leadership;
- ensuring risks are adequately acknowledged and understood, and that the importance of addressing them is consistently communicated to all partners;
- allocating resources specifically to safeguarding against SEAH, including resourcing any requirements for risk mitigation in programme budgets as well as for remote investigations or exploring creative ways of communicating with communities during lockdown;
- linking up with a Preventing SEA coordination mechanism, where there is one and /or with other relevant networks;
- exploring what options are available for providing safe and accessible information about safeguarding procedures and reporting pathways, as well as support for survivors and whistle blowers - weighing up the benefits and risks of maintaining face-to-face channels or using different communication channels such as mobile phones, helplines, radio programmes etc.

[COVID-19: Inclusive programming – ensuring assistance and protection addresses the needs of marginalized and at-risk people. \(March 2020\)](#)

This guidance note sets out a number of considerations for developing an inclusive programme response to COVID-19 addressing the needs of marginalised and at-risk groups. First is recognising which groups will be at heightened risk of SGBV, and in particular SEAH; this includes women and adolescent girls, people with disabilities and migrants, refugees and asylum seekers. These groups may be at risk in health centres or quarantine centres, as a result of travelling, or accessing screening points.

Recommendations include:

- ensuring women are well informed about how to protect themselves and those in their care;
- ensuring referral pathways and access to mental health and psychosocial support (MHPSS) are available as far as possible and any access issues, or updated referral pathways are regularly communicated to those most at risk;
- regularly updating and monitoring communication channels to ensure they are the most appropriate, and safe for users. Likewise, in quarantine facilities, information must be accessible and regularly updated;
- ensuring a clear feedback mechanism for reporting SEA concerns is in place and operational in all locations; and
- ensuring new staff recruited to support the response understand the rules of conduct outlined in the ICRC Code of Conduct policy on prevention of and response to sexual misconduct.

[Addressing Safeguarding and SEAH in the COVID-19 Response \(2020\)](#)

The authors outline how the Core Humanitarian Standard (CHS) can be used as a framework to hold the sector to account for the quality of their work, and ensure safeguarding and protection from sexual exploitation, abuse and harassment continues to be prioritised in the current context.

- **Commitment 1: Assess and analyse the changes to your ways of working and consider how this impacts on safeguarding.** Review changes to your ways of working and the risk profile of each group.
- **Commitment 2: Ensure programmes are realistic and safe for communities.** Safeguarding and protection issues may increase in times of crises and procedures for identifying and referring safeguarding concerns need to be regularly reviewed.
- **Commitment 3: Identify and act on potential negative impacts.** You may be working with new partners and stakeholders and it is important to ensure all those involved in programme delivery are clear on safeguarding policy and responsibilities.
- **Commitment 4: Communicate with communities on changes and expected behaviour.** If activities are moving online, be aware of safeguarding implications of this. Staff should be vetted to the same level as for face-to-face interaction. Online programme activities that allow people to interact and communicate with each other should be safely and appropriately moderated at all times.
- **Commitment 5: Put in place appropriate complaints mechanisms.** Each organisation should assess how they will enable concerns to be raised if they are not present on the ground - confidentiality and safety.
- **Commitment 8: Promote and prioritise security and wellbeing of staff.** Risks may increase for staff due to less security and structure and increased interaction online. Codes of conduct need to guide behaviour in the same way as through in person interaction e.g. clear guidance on bullying, harassment and inappropriate behaviour on online platforms.

[Prevention and Response to Sexual and Gender Based Violence in COVID-19 Quarantine Centres: Recommendations and Best Practice \(2020\).](#)

This ICRC report sets out several recommendations to tackle sexual and gender-based violence (SGBV) in quarantine centres set up by governments worldwide to contain the spread of Coronavirus. It provides a good example of an approach organisations could take when assessing the risks related to SEAH. The recommendations are based on international standards, good practice and lessons learned from past ICRC operations, such as the Ebola response.

Recommendations include:

- ensuring that the units deployed to manage camps comprise both female and male soldiers; ensuring camp managers have practical guidelines and standard operating procedures to deal with SGBV and in PSEA; providing safe spaces and accommodation and giving special care to separated and unaccompanied children, child headed households, child mothers, single women and single mothers who face a greater risk of sexual violence; conducting periodic safety assessments to identify risks for different groups.
- preventing SGBV from occurring within quarantine centres by making sure all camp management understand the need to protect civilians from any form of harassment and violence and are clear about the reporting mechanisms and procedures; communications materials explaining how, and to whom, to report harassment and violence, including sexual violence, available in local languages designed for people in the quarantine centre; male and female focal points trained and equipped to handle cases with respect, confidentiality, safety and non-discrimination of victims according to gender and age; and carrying out hygiene promotion activities that include messages about sexual violence.
- providing an effective and prompt response to SGBV by adopting a survivor-led approach

and providing long-term support inside and outside the centre; tapping into informal peer-support structures to monitor issues and provide support; integrating quarantine centre with existing national guidelines and referral pathways; and training health staff on how to respond to sexual violence and on the clinical management of rape.

[Safeguarding investigations considerations during COVID-19. Plan International](#)

This guidance sets out adaptations that may need to be made to standard investigations procedures during the COVID-19 epidemic in the context of social distancing measures and travel restrictions.

Key considerations include ensuring that a thorough risk assessment is conducted into the allegation, including mapping the risks involved in gathering further information. If the case is a criminal case, then the case management team need to be aware of local authorities' capacity to carry out their normal functions during the crisis. The guidance stresses the importance of understanding the local context, as well as the needs of all parties involved.

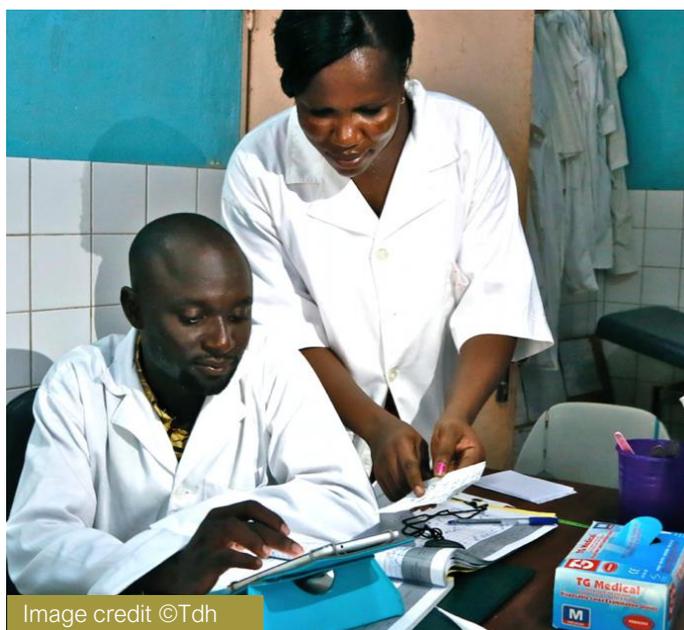


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The team will need to consider whether a remote or on-site investigation is more appropriate, and how the interviewees could be contacted in each case. The investigation plan must be flexible and dynamic, and able to adapt to the changing circumstances and the possibility of the investigation needing to be suspended.

The guidance also includes considerations when seeking to conduct remote interviews via skype or another platform: ensure the interviewee is prepared and is aware of the process; use a platform that is safe and familiar to the investigator; ensure access to the internet is available; ensure the interviewee is safe and privacy can be maintained, perhaps making sure they have a headset so that the conversation is less audible to others.

[COVID-19 and its Implications for Protecting Children Online \(2020\)](#)

This WHO guidance note written in response to the global shutdown of schools provides recommendations about how to mitigate risks and promote positive online experiences for children. Children and their families are increasingly using online digital solutions to support learning, socialisation and play, which may expose children to online safeguarding risks such as sexual exploitation and cyberbullying.

Families may be forced to remain together in close quarters, which, for children living with abusers, could result in an escalation of sexual abuse, both offline and online. Older children may engage in riskier behaviour online including through sexting or the sharing of sexualised images. Schools may not have adapted their safeguarding policies for the move to online teaching. It recommends:

- empowering children online by equipping them with the knowledge and ability to navigate their online safety;

- supporting parents and caregivers to understand online risks and how to respond to and report harmful content and contacts. Encouraging open discussions with children about navigating the internet and reporting inappropriate behaviour;
- providing a safe online learning experience for students - schools to update safeguarding policies to reflect the new ways of working online. Policies and codes of conduct should be shared with parents, caregivers and students. Students to have access to school based counselling services (online or phone);
- making online platforms safe and accessible for all children to avoid exacerbating inequalities. Technology companies should look at updating safety features and make sure these are accessible to parents, caregivers and students. Online platforms should include content on child safety referral services and helplines and amplifying messaging on safe and responsible behaviour online;
- strengthening national prevention, response and support services by supporting governments to monitor how the COVID-19 response may exacerbate different forms of violence offline and online. Allocating resources for child protection workers, as well as health, education and social workers.

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