

**COVID-19 and gender-based violence: reflections from a “data for development” project on the Colombia–Venezuela border**

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**Introduction**

The COVID-19 pandemic has laid bare socioeconomic inequalities and injustices that ran deep long before the virus spread its way across the globe: from racial inequity in high-income countries such as the United States (US) (APM Research Lab 2020), to grievously under-resourced nursing homes staffed by mainly female and often immigrant care workers (Das Gupta 2020), to lack of access to water for hand washing in overcrowded urban slums and refugee

camps (Mihara and Root 2020). Among these injustices, long-standing but at once thrust into the global spotlight, is the “shadow pandemic” of gender-based violence (GBV), reports of which have soared following the imposition of “stay-at-home” orders worldwide (Mlambo-Ngcuka 2020).

Women’s exposure to violence when confined in the home is an unintended but clear consequence of otherwise well-intentioned public health orders meant to curb the spread of the virus, implemented within a global context in which GBV is commonplace. We observed the spread of this shadow pandemic through the glossy screen of a Google Pixel 4 mobile phone, in our capacity as developers of a “data for development” intervention called Cosas de Mujeres (Women’s Stuff). Cosas de Mujeres is a WhatsApp-based digital platform that addresses GBV in the context of the Venezuelan mass migration to and through Colombia. The intervention has two functions: first, to provide women with information about where they can access services that prevent and respond to GBV, and second, to generate data that can be used to inform more effective and gender-responsive programming and service delivery at what is often referred to as the “humanitarian–development nexus” (see Hinds 2015). Cosas de Mujeres is the first use case of Gender Data Kit, a gender-responsive information communication technology for development (ICT4D) initiative. Developed by Ladysmith – the feminist research organization that we (Tara and Lorena) founded, and for which we all (Tara, Lorena, and Julia) work – Gender Data Kit and Cosas de Mujeres take a feminist approach to both ICT4D and to the collection of “gender data,” drawing on feminist theories of change and insights from both qualitative and quantitative data (Fuentes and Cookson 2019).

In mid-March 2020, we began to see shifts in the nature of the messages that women sent to the Cosas de Mujeres platform. As the Colombian government implemented public health

policies to mitigate the spread of the COVID-19 pandemic, women began to seek information about the virus and the rules of the recently imposed nationwide lockdown. The messages also indicated that some women were experiencing distress on account of being “sheltered in place” with aggressive partners. Many more were unable to access the sources of income and humanitarian support upon which they normally relied to meet their needs and those of dependent children and elderly parents. As time went on, some women’s messages began to tell a story: without access to income, they were unable to pay rent, and consequently ended up on the street.

In terms of women’s heightened vulnerability to GBV, what we began to witness in the early days of COVID-19’s (documented) spread was indeed global. As early as March, activists and support service providers in countries where lockdowns were being imposed were sounding alarm bells (see for example Wanqing 2020). To date, the concomitant increase of GBV with the implementation of public health measures has been widely documented in a variety of international settings, from China to France, the US, Argentina, Lebanon, Turkey and elsewhere (see for example Fraser 2020; Peterman et al. 2020; Wenham, Smith, and Morgan 2020).

In this Conversations piece, we reflect on the data that we collected in real time through Cosas de Mujeres, as well as on the role of feminist research in responding to a global health crisis. While many of the insights presented come from our experience as practitioners who designed and implemented this project, the analysis itself draws on the academic tools that we have acquired through training as feminist researchers.

**The context: why were we in Cúcuta working with mobile phones?**

The crisis-driven exodus from Venezuela is on the brink of becoming the single largest migration in contemporary history, with over five million people having fled since 2015 (R4V 2021). The majority of people arrive in Cúcuta, a border city in a region notorious for the presence of armed groups and corridors for illegal economies, where the risks of GBV are high (Zulver and Idler 2020). In a 2019 op-ed in the *Washington Post*, however, one of us (Julia) observed that GBV is not systematically measured in this context; a local government employee told her that “perpetrators take advantage of the fact that [women] are almost invisible” (Zulver 2019). It is important to note here that frontline humanitarian and development agency staff knew that GBV was a pervasive problem; what was lacking was an articulation of the problem in formal data (statistics). This “gender data gap” (Azcona and Duerto Valero 2018) has a variety of repercussions, including the deprioritization of GBV among the plethora of other urgent issues to address in humanitarian and development agendas, and, relatedly, inadequate allocation of resources to policies, programs, and services that prevent and respond to it.

In this context, we at Ladysmith embarked on developing an intervention to generate data on the problem. While we were interested in collecting data on GBV to attract more attention to the issue, and, relatedly, more resources to improve the quantity, reach, and efficacy of services that prevent and respond to GBV, we were also interested in meeting a shorter-term goal: supporting women to meet their immediate needs. Thus, with funding from the US Agency for International Development (USAID), we developed an information platform that uses WhatsApp to provide women with information about existing, gender-sensitive services, and simultaneously to generate a picture of how those services (and other policies) could be better tailored to meet women’s needs.

### **What did we learn from the data before the pandemic began?**

During the course of our two-month pilot, we exchanged more than 2,500 messages with Venezuelan and Colombian women requesting information and seeking support around GBV and other related vulnerabilities. For example, while intimate partner violence (IPV), and physical and psychological abuse specifically, were the most prevalent forms of GBV disclosed, we found that requests for IPV-related information overlapped with requests for socioeconomic support and other elements of social protection, such as food vouchers, cash transfers, employment opportunities, and vaccines and other health services for children. Indeed, the patterns from our interactions with women on the platform are indicative of a trend long established in the literature (see for example Conner 2014; Jewkes 2002; Vyas and Watts 2009): that women who lack the necessary resources to care for children or other dependents, including elder parents, are more likely to remain in violent relationships or to engage in activities that put them at risk of further violence, including survival sex.

We also noticed even when services that prevent and respond to GBV existed, women often did not know about them. This gap was especially pronounced in the more marginalized neighborhoods on the peripheries of the city center. To be sure, the list of service offerings is short, and reflects a deeply underfunded sector; however, prior to the launch of the pilot, we were able to establish a baseline of high-quality, gender-sensitive services. Here it is worth underscoring that even where Cosas de Mujeres closed an information gap between women in hard-to-reach areas, on the one hand, and the services designed to meet their needs, on the other, ongoing barriers to access borne out of the structural inequities shaping everyday life for women in Cúcuta remained intact: when presented with options of available services, women often lacked the resources to cover the costs of transport to the city center (where the vast majority of

services are located) and/or lacked viable childcare options that would free up their time to attend an appointment.

The findings from our pilot paint a picture of systematic precarity for the most marginalized women in Cúcuta *pre*-COVID-19, and this is why bringing a critical gender lens to the “before” context is key. COVID-19 has not created the dire situation for women; rather, it has exposed and magnified the consequences of inadequate GBV services and patchy social protection systems in contexts of uneven development and humanitarian crisis.

### **What did we see? COVID-19 and GBV in Cúcuta**

We watched the pandemic unfold from outside of Colombia, from other countries (Mexico, the US, and Canada) experiencing varying degrees of biological and governance-related destruction. In addition to communication with friends and colleagues in-country, our window on the intended and unintended consequences of the public health policies meant to contain the spread of the virus was through the Cosas de Mujeres platform.

Within days of the World Health Organization declaring a global pandemic on March 11, 2020, three policy choices were made in quick succession in Colombia. First, on March 14, the Colombian government shut down the border with Venezuela. Second, it requested that international organizations in Cúcuta halve their service offering (Welsh 2020). Shortly thereafter, on March 24, the country entered into a lockdown that stipulated that people had to stay inside their homes, except to buy groceries or medicines, among a few other exceptions.

That same week, the nature of the messages sent to Cosas de Mujeres shifted. Information gaps – which abounded before the pandemic hit – were at once amplified and filled by misinformation about the virus, about what services remained open, and about what

resources, such as food vouchers, were available. At the extreme end of the spectrum, we received messages from women who were now quarantined with abusive partners; they reached out to request legal and psychological support as well as medical attention for their injuries. We also received messages from women who had previously left abusive partners, or whose abusive partners had left the households, and who now, in the context of the “stay-at-home” order, found themselves back under the same roof as a perpetrator. At the other end of the spectrum, women sent messages expressing distress about the social and economic well-being of their dependents now that they had lost their jobs and support services seemed to be closing. The messages from some women evidenced that these dynamics – loss of income and socioeconomic support, threats of eviction, and subsequent rough sleeping on the streets – were being experienced in quick succession.

A premise of our gender-sensitive platform is that the services for which we provide information have been vetted by local grassroots feminist and women’s rights organizations and are understood to be stable and safe resources for women regardless of their migration status or sexual orientation. Yet as quarantine measures were rolled out, we were confronted with the need to engage in an ad-hoc process of identifying which services remained open, which had shifted to telephone or virtual-advocacy models, and which had closed their doors altogether. As the service terrain is shifting day-by-day, it is particularly difficult to verify what is open and available. Here it is worth noting that if it is difficult for our team – which is well connected to service providers and the donors and state actors that resource them – to get clarity on this front, it is substantially more difficult for vulnerable women who are navigating the crisis from marginalized neighborhoods and may not have access to the internet in their homes.

Perhaps unsurprisingly, in light of mandated cuts to service provision by international organizations, the picture of what remained available to women was grim; while some organizations offered support over the telephone, very few were able to provide in-person attention. Even those GBV services that had shifted to virtual/over-the-phone attention came with risks in the current context; while sheltered in place with other family members, women have less access to privacy in order to speak on the phone, and violent partners may access the search history and call and message logs on their devices (UN Women 2020). Moreover, it was not only those services directly related to GBV that were deemed “non-essential” and cut. Other services that are critical for women’s capacity to leave a violent situation, or reject one from the outset, were also cut. These included soup kitchens, centers for medical attention, and migration support services.

The unfolding dynamics that we witnessed through Cosas de Mujeres in Cúcuta bear striking similarities to trends in GBV evidenced in hundreds of other cities across the globe where lockdown measures are in place. Factors such as economic precarity, lost jobs, more time spent around young children, cramped and confined living conditions, and increased drug and alcohol consumption can fuel anxiety and drivers of violence within the home (Alemann 2020). These factors, when overlaid onto the already stressful conditions of a humanitarian–development crisis, and the reconfiguration of an armed conflict, create the setting for a perfect storm (Zulver and Idler 2020).

### **Conclusion: what is the role of feminist researchers in times of crisis?**

Feminist researchers have a key role to play in documenting the unintended consequences and hidden costs of global health and other policies (Cookson 2018) and making these visible to



decision makers. In this case, women's short but salient accounts of GBV experienced during lockdown pointed to precisely how the well-intended health policies were causing them serious harm. Part of what makes feminist research so important is that it values situated knowledge. In an era in which so many holders of purse-strings value problems and solutions that can be quantified, it is vital to equip activists and frontline service providers with data (while also working to counter the dominant knowledge regime); this is what we have done through Cosas de Mujeres. Yet even if feminist researchers do generate this data, there is the question of political will (Cookson and Fuentes 2019): those in charge of the coffers must be willing to ensure that women's needs are accounted for in public health policies and funded accordingly.

Beyond this, though, it is important to reflect on our own practices, and how we can ensure our accountability to the women who use Cosas de Mujeres. Donors have particular (and political) development agendas, and we as foreign feminists come with our own preconceived ideas about gender equality and feminism, as well as with financial relationships where we are expected to answer to our funders. We need to ask ourselves how this intervention impacts women's lives, and whose interests lie at the heart of Cosas de Mujeres.

One of the driving principles of human-centered design is creating space for iteration. This is at the heart of our intervention, and means that we have built in the ability to examine the impact of Cosas de Mujeres and make changes that reflect the lived realities of the women whom we try to reach. For example, when Lorena held follow-up focus group meetings with users of the platform, we found out that some women felt stigmatized when we included information about sexually transmitted infections when they asked about reproductive health check-ups; consequently we began to separate out the messaging based on the specific request. At the beginning of the pandemic, we realized that women were so distressed by the crisis that asking

too many questions lessened the chance of their ongoing engagement; as a result, we stopped asking any questions about location or age before sharing information (consistent with the principle of “data minimization”). We have hired both Venezuelan and Colombian social workers to carry out our socialization, hoping that this will create a horizontal power dynamic when it comes to connecting women to the platform.

Above all, we are aware that technologies are tools, not solutions (O’Donnell and Sweetman 2018). This is the guiding principle of Gender Data Kit, and one on which we continue to reflect as we embark on a scaling-up of Cosas de Mujeres in Cúcuta, thanks to a funder that responded to the data that we shared (Global Affairs Canada). With support from UN Women, we have also launched Cosas de Mujeres in Cartagena, a city that saw three feminicides within the first week of the national lockdown. We are working with grassroots and state women’s organizations to make noise about what women say that they need, through continuing to co-design and validate our platform, hold online events, publish gender data briefs, and co-author op-eds with local partners. For us, this is a reflection of our attempts to center women’s needs, voices, and, ultimately, agency at the heart of our intervention, rather than assuming that we automatically know what women want.

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