

Gender-based Violence in the pandemic period

ProGender Report

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Summary

GBV is a complex phenomenon that exists in many different forms and may be experienced within family and intimate relationships, in public spaces and workplaces, as well as online. Recent reports on the short-term and the long-term effects of the pandemic suggest that gender-based violence (GBV) and domestic violence (DV), especially against women and vulnerable groups of people, has increased in countries where stay-at-home and restrictive measures have been adopted in response to it. Eradicating all forms of GBV is thus a global responsibility. Various organizations (governmental and non-governmental) involved in GBV prevention and they adapted adapt their methods and framework of outreach and service provision both to cope with the potential increase in VAW and to continue to offer services within the limits of government-imposed pandemic response measures.

The present report is divided into four parts, taking into consideration what has happened in Greece, Iceland and Norway regarding the implications that the measures for Covid-19 have had on the topic of gender-based violence. It is examined how GBV has changed during pandemic, since 2020 to the present, giving emphasis on official and empirical data and trends in each country separately, as well as on how different groups have been impacted by the pandemic. Additionally, the institutional framework and policy responses to pandemic are being presented regarding GBV in each country, as well as how feminist academics, NGOs, etc. responded to the policies taken, including the criticisms and suggestions that have been mentioned by them. The public debate in Greece, Iceland and Norway on GBV is analysed, pointing out the main actors involved in the public discussion. Also, it is described how the social movements responded to the challenges of GBV during Covid-19. Finally, basic conclusions and proposals are discussed in order to mitigate the issues arising out of gender-based violence during pandemic times.

INTRODUCTION

The Covid-19 pandemic has had a devastating impact on people's lives worldwide with multiple socio-economic effects (direct and indirect, long term and short term, individual and collective). Women and girls, LGBTQI+ people etc., and especially those belong to vulnerable and marginalised groups (e.g. immigrants, refugees, homeless, people with disabilities, etc.) are particularly exposed to both the short and long-term effects of crises (Kambouri, 2020), because they are hit by multiple and intersecting forms of gender inequality and asymmetries caused by multi-year of discrimination and deep-rooted patriarchy and sexism (Oxfam, 2020).

To contain the global spread of Covid-19, governmental measures were implemented in many countries worldwide, including Greece, Iceland and Norway. Recent reports on the effects of the pandemic suggest that gender-based violence (GBV), especially domestic violence (DV) against women, has increased in countries where stay-at-home and restrictive measures have been adopted in response to it. It is not uncommon for GBV to be intensified during a pandemic, and Covid-19 has been no exception, as existing literature has shown that Covid-19, like Zika and Ebola, differentially affects women and men and that women are paying the highest price (Bahn et al., 2020). The burden that the pandemic has created to communities has not equally distributed, and vulnerable groups, such as violence-exposed individuals, have been disproportionately affected. Not surprisingly, reports and initial empirical evidence highlight an increased risk for DV during the pandemic (UN Women, 2020).

Risk factors (EIGE, 2021, 12) related with the pandemic and its consequences, such as economic and well-being insecurity, virus-specific reasons (e.g. exposure to infection) and counter-pandemic measures (e.g. restrictions on movement), emerged in various countries around the world as well as in Greece, Iceland and Norway, increasing the level of stress in daily life, contributing to social isolation and making access to support (formal and informal) networks difficult. The enforcement of home-based confinement, widespread school closures, the disruption of social and protective networks, the decreased access to services (health and social), and increased stress that accompanied the pandemic measures led to concerns that GBV would rise. Evidence for this increase, described as the "shadow pandemic" by international organisations, began to emerge, with many countries providing

evidence of an increase in violence soon after the implementation of lockdown measures. However, it was noticed that in some countries there was significant under-reporting of cases involving GBV, as anti-covid-19 measures taken also strained the provision of key government services for survivors, including shelters, medical services, child protection, police and legal aid mechanisms. In response, various organizations (governmental and non-governmental) involved in GBV prevention and they tried to adapt their methods and framework of outreach and service provision both to cope with the potential increase in violence against women and to continue to provide services within the limits of government-imposed pandemic response measures (WHO, 2021; WAVE, 2020).

The present report is divided into four parts, taking into consideration what has happened in Greece, Iceland and Norway regarding the implications that the measures for Covid-19 have had on the topic of gender-based violence. In the first chapter, it is examined how GBV has changed during pandemic, since 2020 to the present, giving emphasis on official and empirical data and trends in each country separately, as well as on how different groups have been impacted by the pandemic. In the second chapter, the institutional framework and policy responses to pandemic are being presented regarding GBV in each country, as well as how feminist academics, NGOs, etc. responded to the policies taken, including the criticisms and suggestions that have been mentioned by them. In the third chapter, the public debate in Greece, Iceland and Norway on GBV is analysed, pointing out the main actors involved in the public discussion. Also, it is described how the social movements responded to the challenges of GBV during Covid-19. Finally, in the last chapter, basic conclusions and proposals are discussed in order to mitigate the issues arising out of gender violence during pandemic times.

INSTITUTIONAL FRAMEWORK AND EMPIRICAL DATA: CHANGES AND TRENDS

Greece

In 2021, Greece ranked last among EU member states on gender equality, with this score remaining relatively stable over the last decade (EIGE, 2021a). In Greece, the General Secretariat for Demography, Family Policy, and Gender Equality (GSDFPGE) is an organizational unit of the Ministry of Labour and Social Affairs, and the competent governmental agency for the promotion of gender equality issues in Greece.¹ As the prevention and combating of GBV constitutes a vital strategic axis of the last National Action Plans for Gender Equality, since 2009, the GSDFPGE supervises and co-ordinates a network of 64 support structures operating across the country to tackle gender-based violence and support women victims (GSDFPGE, 2020).

In 2018, Greece ratified by national Law (Law 4351/2018) the Council of Europe's Istanbul Convention on preventing and combating violence against women and domestic violence. Introducing modifications to the existing legal framework (Law 3500/2006 on the confrontation on DV and the Greek Penal Code), the new law underlines the obligation of the state to fully address GBV in all its forms, take measures, protect its victims and prosecute the perpetrators. Moreover, a new law 4604/2019 on substantive gender equality has been adopted in March 2019 (GSDFPGE, 2020, p. 7). Moreover, the Greek Parliament adopted Law 4808/2021, which ratified the International Labour Organisation Convention 190 on the elimination of violence and harassment in the world of work (GSDFPGE, 2021, p. 27).

The prevention and combating of violence against women (VAW) regardless of their status, race, origin, etc., has traditionally been priority for the GSDFPGE that is implementing, since 2009, the "National Program on Preventing and Combating Violence against Women", which is part of the current "National Action Plan for Gender Equality 2021-2025". Since 2011, a national network of 64 support structures has been established

¹ In 2019, the General Secretariat for Gender Equality was renamed Family Policy and Gender Equality while it was transferred to the Ministry of Labour and Social Affairs from the Ministry of the Interior. In January 2021, it was renamed to General Secretariat for Demography and Family Policy and Gender Equality (Presidential Decree 2/2021 Official Gazette 2/A/5-1-2021).

and operates for women survivors of gender-based violence and/or multiple discriminations (e.g. refugees, immigrants, single parents, Roma, women with disabilities, etc.), which is scientifically supervised by the Research Centre for Gender Equality (KETHI) and includes:²

- The SOS 15900 helpline. The nationwide helpline operates 24/7, 365 days a year, free of charge, and provides counselling services in both Greek and English. The helpline also employs 2 interpreters to support the needs of Farsi and Arab speaking women on specific days and hours. This helpline also includes an email address: sos15900@isotita.gr (in Greek and English).
- 44 Counseling Centers providing social, psychological, legal consultation and employment support.
- 19 Shelters for abused women and their under-aged children.

Civil society organizations also provide social, legal, and psychological services to the victims of GBV across the country (e.g., Centre for Gender Rights & Equality - “Diotima”, Union of Women Associations of Heraklion Prefecture, European Anti-Violence Network, etc.).

The establishment of seventy-two (72) police departments as reporting stations for DV and GBV crimes in the country is a recent policy derived from the Ministry of Citizen Protection. It has been announced in November 2019 and they operate since early 2020 (Artinopoulou, 2021; Hellenic Police, 2021). Furthermore, the development of a risk assessment tool for victims of domestic violence is under pivotal use and is included in the obligations of the GSDFPGE under the ratification of the Istanbul Convention (GSDFPGE, 2021, p. 39). However, Greece still faces the impact of the economic crisis that started in 2010 and major setbacks had occurred, such as high female unemployment, more women in low paid, precarious work, shift in traditional gender roles. Adding the refugee population that Greece had to receive and integrate into the Greek society, it could be said that multiple discrimination issues have arisen and needed special attention (GSDFPGE, 2020, p. 9).

² During the last years, the target group of all services has been expanded to include apart from women victims of GBV, women victims of multiple discriminations as well. To this aim, to essentially contribute to the refugee crisis, safe accommodation is also provided to refugee women victims of violence or to refugee women at serious risk of GBV and to heads of single parent families with their children.

During the first Covid-19 lockdown and, specifically, during the period between **March 2020** and **April 2020**, the **SOS 15900 Helpline** of the GSDFPGE received **an increased number of calls** (GSFPGE, 2020a, p. 7-8):

- In March 2020, 325 calls were recorded in total as “incidents of violence” and 69 calls recorded as “seeking useful information”, while in April 2020, 1.064 calls were recorded in total as “incidents of violence” and 167 calls recorded as “seeking useful information”. So, there was a significant increase of 227,4% for calls related to “incidents of violence” and respectively 142% to calls related to “seeking useful information”.
- From the total number of calls recorded in March 2020 and that included incidents of violence and useful information, 85% were beneficiaries or third parties calling the Helpline 15900 for the first time, while the corresponding percentage for the month of April 2020 was 91%.
- Regarding the nationality of people, either beneficiaries or third parties that called the 24/7 SOS Helpline 15900 for both reporting months, about 76% of them were of Greek nationality while 24% did not disclose information about their nationality.
- Moreover, in both reporting months, domestic violence was reported with the highest percentage of all forms of violence against women, with 92% of incidents in March 2020, and 87% respectively in April 2020.
- Regarding the survivor-perpetrator relationship, the husband (current or ex) was reported with a percentage of 57% of total cases for March 2020 and 54% of all cases respectively in April 2020.

In March 2020, in total 246 women survivors of GBV received specialised support from the **Counselling Centres** of the Network throughout Greece, with an increase of 23,2% (303) in reported cases for April 2020 (totals March 2020 & April 2020: 549 unique cases) (GSFPGE 2020, p. 5). The main form of GBV recorded in both reporting months was DV with almost 84% of all forms of VAW (physical, sexual, etc.). Regarding survivor-perpetrator relationship, it is mostly a relationship between wife and husband/partner (current or ex), with 56% for the month of March 2020 and 51% respectively for April. In general, data shows once again that DV occurs regardless of age, race, family, and professional status and/or the educational level of women (GSFPGE, 2020a, p. 6).

On April 30th, 2020, **Safe Shelters** were accommodating in total 158 women and their children. In addition, 19 women were placed at the Safe Shelters during the reporting period and from the total accommodated women, 35 survivors were refugees, of which 25 are mothers and 43 of the 79 children were refugee children. In addition, it is worth mentioning that many women preferred to be accommodated by friends or relatives, while maintaining direct contact with the staff of the Counseling Centers for their ongoing specialised support (GSFPGE, 2020a, p. 6-7).

Moreover, a total of 12 women survivors of domestic violence were accommodated at the **Temporary Safe Accommodation places (hotels)** across the country. Out of the total number of women that were successfully removed from their abusive environment during the pandemic, 7 were women refugees and migrants, while 10 children accommodated with their mothers at the hotels. The staff of the Counselling Centers was in direct contact with NGOs / CSOs that provide additional support services to refugee and migrant women to meet their urgent needs (GSFPGE, 2020a, p. 7).

Moreover, data from the **NGO “Union of Women Associations of Heraklion Prefecture” (UWAH)** (Kostami et al., 2021, p. 39) are in line with those of GSDFPGE, both acknowledging that the restrictive measures for pandemic resulted in **an increase of domestic violence reports**. While for the whole year 2019, the total number of women victims that were assisted by UWAH’s Counselling Centre was 126, for the first 5 months of 2020 were 138. At the same time, while for the whole year 2019 UWAH’s SOS helpline received 134 calls, for the first 5 months of 2020 the helpline received 117 calls. According to UWAH’s data, there was a sharp rise on calls received at UWAH’s helpline (40% rise) at the first 2 weeks of lockdown, accompanied by a decrease of number of calls in due time, however being at higher levels than the same period last year (March 19, 2020 to May 19, 2020). Additionally, during March and April 2020, the **Centre for Gender Rights & Equality - “Diotima”** in Greece reported an increase in the demand for counselling services and legal help during the pandemic, alongside an increase in phone calls received by the Centre’s helplines and the nationwide helpline (15900) (European Union, 2020, p. 138).

However, the **police statistics** (see Table 1) show a **clear decrease** in DV offences during the first lockdown (March-April 2020), comparing with data from the same months of the previous year (2019), before the pandemic (Hellenic Police, 2021, p. 100). There could be many interpretations for this decrease of reporting, such as the victim’s ability to reach

out to the police departments because of the restriction measures during the lockdown, the lack of information of the victims on the flexible online reporting procedures implemented by the Greek police (through sending SMS or email to the police instead of reporting in person in the police station), the fear of women of reporting in police etc. (Artinopoulou, 2021, p. 10).

Table 1. Police statistics on domestic violence for the months March-May 2019 and 2020

Month	Year	Number of offences
March	2019	433
	2020	351
April	2019	412
	2020	337
May	2019	442
	2020	415

Moreover, findings from a victimological online research on DV during the first lockdown in Greece (March to May 2020) by the **Center for Security Studies (KEMEA)** of the Ministry of Citizen Protection show that from the 705 women participants in the research, 253 of them had been victimized within their family (Artinopoulou, 2021, p. 13-14). That means that 36% of the women in the general population have suffered from at least one type of abuse. Results show that in 98.8% all forms of DV had started before Covid-19, so the victimization was not originally produced during the lockdown, but it was reproduced. Investigating the prevalence of DV during the lockdown it was found that 43% of the victims experienced it during the quarantine. The rest 57% of the victims answered that their victimization stopped during the lockdown. So, despite the decrease in the prevalence of DV, research findings show that the violent behaviours became more frequent on weekly basis and more severe in some forms of victimization (verbal abuse, threats and sexual abuse). Also, extremely high rates of underreporting of cases of DV were found, as the participants did not report their victimization to the police and/or social agencies for DV. It is important to be mentioned that underreporting was 62.8% before the pandemic and

65.2% during the pandemic. In other words, the reporting percentage before the pandemic was 19% and during the pandemic was 10.7% (Artinopoulou, 2021).

The Helpline for Emergency Social Help 197 of the **National Centre for Social Solidarity (EKKA)** receives calls involving cases of GBV and DV. The table 2 presents the data gathered by the Observatory of GSDFPGE (2021, p. 82) for the period 2018-2020, regarding women victims of violence, as well as third parties who called the Helpline 197. The data show a clear increase in 2020, as the women victims of GBV and DV are 114 and 92 the “third parties” people.

Table 2. Annual number of calls to the 197 Helpline regarding gender-based and domestic violence against women

	2018		2019		2020	
	Women victims of violence	Third parties	Women victims of violence	Third parties	Women victims of violence	Third parties
Helpline 197 - EKKA	104	59	106	56	114	92
Total	163		162		206	

According to GSDFPGE (2021, p. 85) **from 01-11-2020 to 30-09-2021**, the **Counselling Centres** provided support to 4.359 women survivors of GBV, as well as to 408 third parties who mostly received useful information. The most prevalent type of GBV for the reference period is domestic violence amounting to 85% of all reported cases, followed by 3% for sexual harassment incidents and 2% for rape incidents. The data show that the relationship between the survivor and the perpetrator was mostly spousal amounting to 58%, and intimate by 15%, while 11% concerns another family member.

During the eleven months period, the **Safe Shelters** accommodated 454 people: 216 women and 238 children. Out of all women and children, 81 were women refugees and 115 refugee children, and based on the entry date of women at the Shelters there were 142 new admissions, while a total of 148 women and children during the reporting period departed towards their own safe destination. In terms of recordings, GBV against accommodated

women prevails with a percentage of 74.5% compared to the incidents of women surviving multiple discrimination at 25.5% (GSDFPGE, 2021, p. 93).

Regarding the **temporary safe accommodations** (hotels) urgently established by the GSDFPGE in April 2020 throughout Greece for the accommodation of women survivors of DV and their children until the completion of the procedures for their accommodation at the Women's Shelters, in the seven reference months (November 2020-May 2021) a total of 33 women and their children were accommodated. Out of total women, 16 women and their children were placed at Safe Shelters of the Network and 17 left for a safe destination of their choice, while they continued receiving support from the staff of Counselling Centres. Following the gradual lifting of the restrictive movement measures taken to reduce the spread of Covid-19, the exceptional measure of the urgent accommodation facilities across the country that the GSDFPGE initiated for women survivors of DV and their children ended on 15/05/2021 and beneficiaries can be placed directly at the Shelters of the Network (GSDFPGE, 2021, p. 101-102).

During the reference period, a total of 8.669 calls were recorded, 5.942 of which referred to "incidents of violence" and 1.422 related to "useful information". Out of all calls regarding incidents of violence and useful information recorded by **the SOS 15900 Helpline**, 69% were calls by women survivors seeking support and 31% by third parties seeking mostly useful information (GSDFPGE, 2021, p. 103).

Finally, according to an **epidemiological study** (Karakasi et al., 2022), using 11-year data from the official nationwide Hellenic Police Archives and statistically analysed data regarding **domestic homicide and femicide**, 1.370 homicides were recorded among which 236 domestic homicides (DH) were identified. The statistical results highlighted the phenomenon of femicide as the gravest current issue to be interpreted and addressed. Nationally, the average number of homicides was 114.2/year, among which 19.7 DH. However, in **2021**, while a decrease was recorded in homicides in general to 89 incidents per year, DH skyrocketed to 34 cases, reaching the highest annual number ever nationally recorded. On average, DH account for 18.2% of all homicides in Greece. In 2021, however, this percentage rose to 38.2%. The number of male victims of DH has declined over the years, with a further decline in 2021, in stark contrast to **the number of women escalating over time and even more sharply in 2021**. The proportion of female victims of DH in Greece was fourfold higher on average. The fact that cases of domestic homicide and femicide have

received a lot of media attention, the recent Greek financial crisis, as well as increased alcohol and drug consumption due to the Covid-19 pandemic constitute possible aggravating factors (Karakasi et al., 2022).

Iceland

The World Economic Forum's report, published in December 2020, states that gender equality is nowhere greater than in Iceland, based on the Forum's methodology. Iceland topped the Gender Gap Index, which includes 144 countries, for the 12 years in a row (Government of Iceland, 2021, p. 6). The Icelandic government places strong emphasis on human rights regardless of gender and on ensuring everyone can live without violence in their lives. Since 2006, that the government introduced the first Action Plan on Domestic Violence and Sexual Violence, there have been efforts aimed at combating domestic and sexual violence against women and children, improving the legal status of and facilities for victims of violence and strengthening prevention efforts against it (CoE, 2021, p. 7). The Ministry of Social Affairs, the Ministry of Justice and the Prime Minister's Office are responsible for coordinating and implementing measures to combat VAW and DV, and the Ministries of Social Affairs and Justice chair working groups in the field, which include representatives from other ministries, public agencies, and NGOs as well. Furthermore, the Directorate for Equality is an agency under the Prime Minister's Office since 2019 that was established (CoE, 2021, p. 14-15).

Iceland ratified the Istanbul Convention in April 2018 and it entered into force in August 2018. The public administration is responsible for the implementation of the Convention, with support from the various NGOs involved in the fight against violence whose role is to provide victims of violence with various services and counselling (CoE, 2021, p. 6).

In 2020, the Icelandic parliament Althingi passed Parliamentary Resolution No. 37/150, on Preventive Actions among Children and Young People against Sexual and Gender-based Violence and Harassment, together with a plan of action for the years 2021-2025. In June 2019, Althingi passed a Parliamentary Resolution on a Plan for 2019-2022 on Measures against Violence and its Consequences. The programme specially focuses on reaching people with disabilities and people of foreign origin with education for the victims

of violence (UN, 2021a, 9). In October 2017, the Minister of Justice presented an Action Plan for the Handling of Sexual Offences 2018-2022 (CoE, 2021, p. 7-10).

On 1 July 2020, it was announced that Iceland would be one of the leaders in the Generation Equality Forum initiative, under the auspices of the UN agency for gender equality and the empowerment of women, UN Women (Government of Iceland, 2021).³ The Icelandic government is leading an action coalition on GBV and sexual harassment, as well as projects that will be carried out through international and development co-operation. Iceland has 23 commitments aimed at eradicating GBV through increased prevention, improved consultation on measures and the strengthening of services, as well as support measures for both victims and perpetrators. Emphasis will be placed on better reaching out to boys and men with prevention actions, together with actions to combat digital sexual violence and improvements to the justice system, following up on government actions in this area (CoE, 2021, p. 37).

NGOs play an important role in the fight against GBV in Iceland. In preparing action plans and policies, the expertise and experience of NGOs is sought and representatives from them obtained to work on actions in consultation with public authorities. As well as, there are a lot of services for GBV victims provided by them (e.g. Women's Shelter Organisation, Bjarkarhlí - a service centre for victims of violence, the Icelandic Human Rights Centre and Women's Counselling, Stígamót - a counselling and education centre, etc.) (CoE, 2021, p. 11-12).

The **Women's Shelter** in Reykjavík and Women's Shelter in Akureyri are open 24h a day, with no charge to women and children who are accommodated in the shelters. In 2020, 153 women and 117 children stayed in the emergency shelters. A total of 620 women came to the shelter in Reykjavík for consultations and there was no waiting list. The Association for Women's Shelters runs both the shelters with support from the state and the local authority (CoE, 2021, p. 44).

Bjarkarhlíð in Reykjavík is a service centre for adult victims of violence of all genders. Bjarkarhlíð is a joint project of the Ministry of Social Affairs, the City of Reykjavík, the Ministry of Justice, the Reykjavík Metropolitan Police, Stígamót (a centre for survivors of

³ The initiative is to work on improvements in areas where women and girls are still at a disadvantage, in line with the United Nations' Sustainable Development Goals. The five-year campaign is based on the UN Sustainable Development Goals for 2030 and was launched to mark the 25th anniversary of the fourth UN Conference on Women, held in Beijing in 1995.

sexual violence), the Women's Shelter, Drekaslóð (an education and service centre for victims of violence and their families), the Icelandic Human Rights Centre and Women's Counselling. In **2020**, 827 individuals sought assistance from Bjarkarhlíð, of which 83% were women (CoE, 2021, p. 44).

LHS in Fossvogur has operated an emergency reception for victims of sexual violence since 1993, to ensure the well-being and security of those who seek assistance due to sexual violence. The emergency reception is financed under the hospital's budget, it is open 24h a day, accessible to everyone and the service is free of charge. There is close co-operation between the emergency reception, the police, child protection and the social services. In **2020**, 120 women came to the emergency reception (CoE, 2021, p. 45).

In general, statistics on violence in Iceland and its overall extent are not currently collected at a single location. Most agencies and NGOs publish annual reports containing statistical information (CoE, 2021, p. 17). No information was obtained on the total number of women who received assistance from municipal social services due to DV, as recording of cases is not co-ordinated between municipalities and does not necessarily include the gender of the victim. "Statistics Iceland" plans to conduct a large-scale survey on GBV with the focus being on estimating its prevalence (2021-2023). As such a survey has not been conducted by Statistics Iceland before, the project will be comprehensive.⁴ However, according to information from the City of Reykjavík, which is the largest local authority with approximately 1/3 of the country's population, in **2020** the number of on-site calls linked to DV was 228. Of these, in 188 cases women were victims (CoE, 2021, p. 43).

In Iceland, the emergency **helpline 112** has played a key role in providing help quickly and safely to those who need it around the clock, including in situations of DV and violence against children and human trafficking. In 2020, the emergency line services were systematically developed and expanded. According to statistics from **August 2021**, 82,600 users have visited the site since the portal opened in November, an average of 258 visits per day. Most users (64%) visited the website via mobile phone/smart device. The figures also show that those who visit the web increasingly stop and read the site's content, instead of exiting immediately. Since the chat function opened, there have been 540 online chats, 36

⁴ For more information, please see:

<https://www.developmentaid.org/organizations/awards/view/359122/survey-on-gender-based-violence-in-iceland-preparation-data-collection-and-dissemination-of-results>

photos sent, 234 users connected to the Red Cross emergency online chat and 47 users connected to the healthcare website Heilsuvera, where nurses provide advice. Consultations with Bjarkarhlíð can also be scheduled on 112.is and 290 bookings have been made (CoE, 2021, p. 45-46).

According to the latest statistics from the **National Police Commissioner** in Iceland, domestic violence **increased** by 14% during the first outbreak of Covid-19. However, evidence from municipalities and professionals working in the field indicate that the increase is probably higher, as victims of DV do not necessarily seek help immediately (Þórarinsdóttir, 2020). In 2019, there were 2.131 reports on DV received by the police, while in 2020 the number was increased by 83 reports making a total of 2.214. In 2021, there were 2.148 reports received by the police on DV at the national level (Ríkislögreglustór, 2022). When reports of DV are broken down into categories, there was a total of 654 reports of domestic violence by a partner or ex-partner that was received of the National Police Commissioner in 2019. In 2020, the number of such notifications increased by 100 notifications, and they were therefore 754 and in 2021 there were as many as the year before, but the number decreased to 736 notifications (Ríkislögreglustór, 2022).⁵ Furthermore, reports of sexual violence to the Reykjavík Metropolitan Police have however decreased by 48% during the first eight months of the year compared to the average of the last three years (Þórarinsdóttir, 2020).

Additionally, the police do not regularly compile a comprehensive assessment of the gender of victims in deaths where the police are involved, as these cases vary greatly, e.g., deaths due to narcotics abuse, suicide, accidents, etc. There is no comprehensive data, covering all types of deaths where the police is involved, on whether there is any background of violence prior to the death. Information on victims of attempted **homicide** is not compiled and/or published in a systematic manner. No one was convicted in 2019 and 2020 for attempted homicide of a female (CoE, 2021, p. 59).

⁵ For more information, please see: <https://www.logreglan.is/wp-content/uploads/2022/03/Heimilisofbeldi-2014-2021-BI-sky%CC%81rsla-fyrir-ytri-vef.pdf>

Norway

Norway has a high degree of gender equality and ranks second out of 149 countries in the World Economic Forum's Global Gender Gap Report. Norway is a gender-egalitarian society and has invested in universal welfare schemes designed to make it possible for parents to combine family life and work and participate in politics (Norwegian Ministry of Finance & Norwegian Ministry of Foreign Affairs, 2019). Norway is using the term "violence in close relationships" as an umbrella concept referring to physical, psychological, sexual and economical violence against women, men and children committed by a person in the family or someone the victim in other ways are closely related to. In addition, the concept covers female genital mutilation, honour-related expressions, unacceptable negative control, and oppression. Despite the gender-neutral understanding and policy approach, Norway acknowledges that such forms of violence disproportionately affect women (CoE, 2020, p. 4). Efforts to combat VAW and DV have been a priority field for numerous governments over the past twenty years, and the first national action plan was launched in December 1999. Work against DV and sexual assault is a central and important task for the Norwegian Government. Norway's ambitions in this area have been highlighted in the Government's political platform –the Granavolden platform– which states that a comprehensive policy shall be pursued and that efforts to combat DV and sexual assault shall be given priority (CoE, 2020, p. 4).

For many years, Norway has worked on the issue of VAW and DV through different strategies and action plans to structure and coordinate efforts in areas in several ministries/sectors. There are separate plans that address domestic violence, rape, as well as forced marriage, female genital mutilation, and negative social control. There are also plans in related areas like human trafficking, racism, discrimination etc. (UN, 2021, p. 12).

Furthermore, Norway has signed and ratified the Istanbul Convention in 2017 and it is now implementing the "Government's Action Plan to prevent and combat violence in close relationships: Freedom from violence (2021-2024). This action plan follows up on and further develops the "Action Plan against Domestic Violence, A Life Without Violence" (2014-2017), and it addresses the remaining challenges (Justis- og beredskapsdepartementet, 2021). The "Action Plan against Human Trafficking" was

presented in December 2016 and has no limited time frame, while in the spring of 2019, the government launched an “Action Plan against Rape” for the period 2019-2022 (CoE, 2020, p. 7). In April 2020, the Directorate for Children, Youth and Family Affairs was assigned to monitor and assess the consequences of the pandemic on gender equality (UN, 2021). The Government has decided to prepare a new” Action Plan against Negative Social Control and Honour-Related Violence” (2021-2024) to ensure the continuation and coordination of the efforts beyond 2020 (CoE, 2020, p. 7).

In Norway, all police districts have their own dedicated employees who conduct risk assessments in intimate partner violence and “honour”-based violence cases, as well as family violence coordinators who coordinate the police’s overall efforts against DV and cooperate with relevant external partners. In larger police districts, separate teams responsible for DV have also been established (CoE, 2020).

Non-governmental organisations and private foundations, including women’s organisations, contribute to important services and programmes for victims and perpetrators of violence in the Norwegian society. These organisations are important partners for the authorities and have experience that brings useful knowledge and expertise to their work to prevent and combat VAW and DV. When action plans and strategies are prepared, actors from civil society are invited to input meetings, and input is often also requested for the implementation/execution of measures (CoE, 2020, p. 10).

Also, there is one national women’s helpline in Norway which is free of charge, available 24/7, and offers multilingual support. Therefore, Norway does meet the Istanbul Convention standards for the provision of a national women’s helpline. Norway does not have any women-only shelters, but there are 44 shelters accessible to women with a total of 969 beds accessible to women survivors of violence, which means Norway does meet the IC standards for the provision of women’s shelters. The total number of women’s centres is unavailable, although there are several, and all shelters in Norway also offer non-residential support. There are also a number of specialist support services for survivors of sexualised violence, including 24 sexual assault referral centres, centres for victims of incest and sexual abuse, and a specialised helpline. The state does collect data on women’s specialist support service and this information is publicly available (WAVE, 2021, p. 142).

Reports to the police of violence in close relationships **fell by 2.2%** from 2019 to 2020 (74 cases). Offences associated with threats also fell 2.2% in the same period, while at the

same time, reports of sexual offences against children rose by 4.8% (112 cases) from 2019 to 2020 (UN, 2021, p. 34). It is mentioned at the report submitted by the Norway to the CEDAW Committee that it is not for sure whether the pandemic and infection control measures are the reason for the changes from 2019 to 2020 in the number of cases that have come to the knowledge of the police. However, reports from the Oslo Women's Shelter and the Oslo police district show that the violence is more serious, which may indicate that victims have waited longer to contact the police than they would otherwise have done (UN, 2021, p. 34).

However, Nettet et al (2022), in their research, found a significant increase in intimate partner violence (IPV) reported to the **police** during the lockdown period. In the study period before lockdown, i.e. between January 2016 and February 2020, 745 cases of IPV were reported, representing 14.9 cases per month (50 months in total). During the lockdown period studied, March-December 2020, 229 cases of IPV were reported, which constitutes 22.9 cases per month (10 months in total). This is an increase of 54%. The police assessments of risk for acute/imminent violence were significantly higher during the lockdown period. There were 744 assessments (one missing) before lockdown that had a mean score of 1.59 and there were 229 assessments during lockdown that had a mean score of 1.67. The **overrepresentation of immigrants** among the perpetrators was about the same before lockdown (January 2016-February 2020) as during lockdown (March-December 2020). 217 of the 745 perpetrators before lockdown, and 73 of the 229 perpetrators during lockdown were immigrants, representing an overrepresentation in both groups. While victims with immigrant backgrounds were over-represented in the pre-lockdown period, Nettet et al. (2022) found a significantly higher proportion of native Norwegian IPV victims during the lockdown period. Moreover, during lockdown, there were significantly more reports made to the police about intimate relationship problems, as well as female perpetrators and male victims.

According to a web-based survey that was distributed to the leaders of all **46 Norwegian shelters (crisis centers)**⁶ for victims of DV during the lockdown period in spring 2020 and after the gradual reopening of society in early summer 2020 (Bergman et al.,

⁶ Domestic violence shelters have existed in Norway since 1979 and addressed both to women and children. In 2010, men were also allowed to seek support to them. Since the implementation of the Shelter Act in 2010, it is obligatory for all municipalities in Norway to provide refuge services to their inhabitants. With this new law, the local authorities became responsible for the total cost of refuge services (Bergman et al., 2022).

2022), more than half of the shelters (26) reported that there had been a **reduction** in the number of requests from victims during the lockdown period, while a small minority (16,7%) reported an increase. Somewhat less than a third (13) of the shelters reported that they received the same number of requests as before. In the period following the reopening of society, the shelters were asked whether they had experienced changes in the number of requests compared with the lockdown phase. Regarding ambulatory clients, 59% (19) of the shelters that answered this question reported that they had more requests during the reopening period than during the lockdown, and 28% (9) reported that the situation was the same. Only three (3) shelters reported having fewer inquiries after the reopening than during the lockdown period. For resident clients, 35% (12) of the shelters reported that there are more inquiries now, 32% (11) of the shelters said it was almost the same as during the lockdown, and 17% (6) reported that they had fewer requests in the reopening period than during the lockdown period. A large majority of the shelters reported that they had not observed any changes in the forms or severity of violence. The fact that the shelters had not observed any changes in the character of violence is interesting and **contradicts media stories** of an increase in severe and life-threatening violence. However, given the general reduction in requests, and the relatively short time span, this finding should be interpreted with caution (Bergman et al., 2022).⁷

The shelters in Norway, as an integrated part of the welfare state, in general seem to have met the needs of their clients during the pandemic. Yet, the study revealed important inequalities and deficiencies in access to services for some groups, and in the general support and recognition by authorities of the shelters (Bergman et al., 2022).

Nearly 70% of the shelters reported staff reductions due to employees being in quarantine, isolation, or on sickness leave, but also because of staff members who had to take care leave because of closed daycare centers and schools. On March 23, 11 days after lockdown, shelter employees were defined as a “workforce in critical societal functions”- that is, their children had to be provided access to childcare and schools despite the lockdown, and shelter employees were not to be transferred to other work tasks in the municipalities (Norwegian Directorate for Children, Youth, and Family Affairs, 2020). Despite this rule, a third of the shelters reported experiencing staff shortages (see Table 3), as this

⁷ The shelters have two groups of clients: ambulatory clients who are offered counseling and help, and resident clients who also receive temporary accommodation at the shelter.

regulation concerned only families where both parents were defined as workforce in a critical societal function. Most shelters (74-100% depending on the services) claimed that there had been no change in their cooperation with other services offered by municipalities, state authorities, or private institutions compared to the normal situation prior to the pandemic (Bergman et al., 2022).

Table 3. Changes in shelter services during the pandemic

	During the lockdown period (n=46)	After the reopening of society (n=37)
Limitations of activities and group offer	33	13
Changes in services for ambulatory clients	32	8
Reduction of home visits	25	9
Changes in services for resident clients	14	7
Reduction of staff	14	5
No changes in services	2	13

When asked what the shelters considered to be the most important **measures** or courses of action for being able to deliver good services during the pandemic, over 80% of the shelters emphasized that cooperation with local authorities and services was the most important activity. Close to 60% of the shelters expressed concerns over their financial situation and resources. Several of the shelters expressed particular concern that some of the most vulnerable groups, such as ethnic minorities and children, did not get the services and protection they needed, as the infection control measures led to a general reduction in social contacts and also in the provision of several other services for victims of violence. During the lockdown period, 84% (n = 36) of the shelters were particularly worried about the situation of children (Øverlien, 2020), but during the reopening phase, when childcare centers and schools had opened, this concern was reduced. Also, about half of the shelters (n = 22) were particularly worried about victims with a migrant or ethnic minority background and 43% (n = 16) were worried about this group during the reopening phase, while 57% of the shelters (n = 23/21) were particularly worried about other vulnerable

groups, such as pregnant women and victims with substance abuse or other additional problems (Bergman et al., 2022).

As 56% of the respondents reported that there had been a reduction in the number of requests from clients, many expressed concerns that it is “too quiet out there”, and that victims of domestic violence and abuse are not receiving the help and protection they need during the pandemic. The group the shelter staff reported being most concerned about was children, with a total of 83% mentioning this concern. As most children and adolescents were present in the home during the pandemic, and as many parents were working from home, parents and children were spending most of the day in the same physical space (Øverlien, 2020).

Finally, a statewide round-the-clock telephone helpline free of charge was set up in 2019. The hotline is run by the Crisis Centre Secretariat and Oslo Crisis Centre and financed by the Ministry of Justice and Public Security. Around 1.000 persons contacted the hotline during the first eight months of 2020. Around 20% of the callers had not been in contact with any other help service about their situation prior to the call (CoE, 2020, p. 50).

POLICIES FOR GENDER-BASED VIOLENCE DURING COVID-19, CRITICISMS AND SUGGESTIONS

Greece

The GSDFPGE promptly responded to the needs of women survivors of GBV during the first period of the restrictive measures (March, 23rd of 2020) for the outbreak of the Covid-19 pandemic by implementing a series of actions since the very beginning of April 2020. As part of the emergency measures, the GSDFPGE sent instructions to all support structures of the national Network on their operational procedures in the current situation to protect the health of both employees and women victims addressed there. At the same time, the GSDFPGE had also informed the local government bodies, in the framework of which the 44 Counselling centers and the 19 Women shelters were operating. All support structures continued to offer their services adapted to the emergency restrictive measures, while teleworking and telephone support sessions have already been ensured and were being implemented. The SOS 15900 Helpline played a key part in this effort. The GSDFPGE, also, implemented the measure of urgent accommodation in safe places in hotels for women survivors of DV, while updating the latter's and Women Shelters' referral process and ensuring the safe movement of supported women and their children to shelters during the lockdown period (GSDFPGE, 2020b, p. 47).⁸

The members of the GSDFPGE, KETHI and the Network of support structures were in the front line to support women in need. Psychosocial, legal support and case management during the reporting period took place either remotely via phone or videoconferencing, or in person, following all preventive measures against the spread of Covid-19. Indicatively, the following list summarizes GSDFPGE response and the support structures of the Network during the Covid-19 pandemic (GSDFPGE, 2021· GSDFPGE, 2020b):⁹

⁸ For more information, please see the online lecture: Matina Papapagiannopoulou "Tackling Gender-Based Violence during Covid-19: Main Governmental Policies and Challenges", Project - ProGender: A Digital Hub on Gender, the Covid-19 Crisis and its Aftermath, 29th of March 2021. <https://progender.panteion.gr/29-03-2021-gender-based-violence-during-covid-19-challenges-and-responses/>

⁹ For more information, please see: <https://isotita.gr/wp-content/uploads/2020/05/Actions-taken-by-the-General-Secretariat-for-Family-Policy-and-Gender-Equality-during-the-COVID-19-pandemic.pdf>

- All 44 Counselling Centers and 19 Women’s Shelters continued to offer their services adapted to the emergency restrictive measures. The Counselling Centres gave emphasis on **telephone support sessions** and **electronic/video communication**, and **face-to-face sessions** were provided when it was necessary.¹⁰
- In emergency cases during the lockdowns, the General Secretariat in collaboration with the Hellenic Society of Forensic Medicine and the Hellenic Chamber of Hotels offered free of charge **safe accommodation spaces** with housing and meals throughout Greece to women survivors of GBV and their under aged children living in poverty, migrants and in situations of vulnerability. That measure of providing shelter to women victims of GBV in safe accommodations was being extended until 15 May 2021. Women and their children could stay at these temporary accommodations, until to complete the required medical examinations to be accommodated in the Shelters. In these cases, free medical tests were provided to women by the Hellenic Society of Forensic Medicine, as well as free medical tests for their children were offered by the voluntary, non-profit child organization “The Smile of the Child”.
- In cooperation with the **General Secretariat for Civil Protection**, the women were allowed to leave their houses and/or move to health centers, counseling centers and shelters etc., without being subject to any type of sanctions for breaching/violating lock-down measures.
- Moreover, with continuous **posts on the social media and in the media** (press and electronic press, television news broadcasts), the possibility of increasing incidents of DV was stressed to inform and raise public awareness. At the same time, women who remained at home were urged not to remain silent but report possible violence incidents. They were also informed about the support structures.
- A video spot was published as part of the central campaign of the Greek government “We Stay at Home”, with the message “**We Stay at Home but We Don't Stay Silent**”, promoting the SOS 15900 Helpline and the sos15900@isotita.gr. The video spot has been widely broadcast on all national television channels. In addition, a weekly

¹⁰ As part of the emergency measures to address and prevent the further spread of the Covid-2019, in Greece the GSDFPGE had sent instructions to all structures on their operation procedures in order to protect both employees and women addressed thereto. At the same time, the GSDFPGE has also informed the local government bodies, in the framework of which the Counseling Centers and the Shelters are operating.

statistical processing of data deriving from the common database of the network was launched, to have a complete and accurate assessment of the effects of the restrictive measures on the increase of domestic violence rates. Also, on the occasion of the 25th of November 2020, a spot “**Ask for help, become your force**” in collaboration with well-known actors was created.¹¹

- Similar actions were taken by KETHI, as well as the **production of numerous booklets** for women survivors of GBV and **guidelines for health workers**. KETHI, also, conducted a sponsored information campaign on support structures for women victims of violence on social media with a short video (Gif).
- In addition, via the SURVIVOR project (Enhancing services for women refugee and migrant GBV survivors) in which the GSDFPGE and KETHI were partners, migrant women requiring assistance for DV issues, received information regarding the transportation during Covid-19 translated in Farsi and Arabic, while KETHI conducted the **translation** of information leaflets regarding the restriction measures in various languages. A three-party collaboration between KETHI and NGOs providing translation services to women victims of DV, when required, and relevant training, took place.
- **Informational leaflets were being translated** by the interpreters of KETHI -regarding the available support services, as well as the availability of interpretation for the SOS 15900 Helpline in Farsi and Arabic - in various languages for refugee women that stayed in shelters, or addressed to Counselling Centres etc.
- The GSDFPGE supported the participation of the Panhellenic Pharmaceutical Association in the “**Mask-19**” campaign for the fight against DV.
- The GSDFPGE informed **civil society organizations** regarding the actions and measures taken during the period of the pandemic for dealing with urgent cases of women victims of DV and the provision of counselling services and shelters in the Network of Structures and the safe houses.

¹¹ Please see: <https://www.youtube.com/watch?v=cl6EYw674g> Each year, in view of November 25th, the GSDFPGE launches information and awareness-raising campaigns regarding GBV. The most recent one was addressed to women victims of violence, but also to the perpetrators and their relatives and the wider environment, wanting to remind that some words can become “sharp as knives”. The video of the campaign urges women to “listen to his actions and not his words”, while advising them to speak now, to call the SOS helpline 15900 or contact the Counseling Centres to receive support services.

- The GSDFPGE cooperated with the newly founded 73 Services to combat DV by the **Greek Police**.
- In December 2020, the National Action Plan for the Rights of Persons with Disabilities was prepared and the GSDFPGE participated in its formulation. The ninth objective of this Action Plan refers to women with disabilities and includes actions related to the horizontal integration of the disability dimension in all policies and programmes for gender equality and to the prevention and combating GBV against women and girls with disabilities, including forced abortion and sterilization. The majority of these actions are included in the “National Action Plan for Gender Equality” 2021-2025. Finally, a study is currently being conducted by the KETHI and the National Center for Social Studies regarding women with disabilities in Greece, which will map their needs and help to adequately address them.
- A distinct Axis on preventing and combating GBV and DV (Axis 1) has been included in the new “National Action Plan for Gender Equality” (2021-2025) on improving the position of women who suffer multiple discrimination.
- Cooperation between the GSDFPGE and the Ministry of Health has been established to receive and distribute free Covid-19 detection tests for both the officers and the guests of the Women’s Shelter for women victims of violence.
- On the occasion of the 8th of March 2021, International Women’s day the GSDFPGE organised, in collaboration with the Institute for the Prevention and Treatment of Violence and the Promotion of Gender Equality “VIA-STOP” and the Forensic Science, a Webinar on: “Sexual abuse: From trauma to justice”.
- Cooperation between the GSDFPGE and the Hellenic Post to release 10 self-adhesive collectible stamps for the #metoogreece on 19th of March, 2021.
- A “**Risk Assessment Tool**” for women victims of GBV and DV has been developed on behalf of the GSDFPGE, in order to assess the level of risk of recurrence of violence in their close environment. The tool is currently being applied pivotally in three Counselling Centers and will be utilized horizontally by all reception services for women victims, such as the Police, Health care services and the Justice system.

The **National Center for Social Solidarity / EKKA** has redesigned its strategy to support victims of GBV, by announcing 3 new ways for communication: a) by sms, 2) email to help@ekka.org.gr, and 3) message on the Facebook “Helpida” page.

In November 2020, the **Greek Manpower Employment Organization (OAED)** in the framework of its cooperation with the GSDFPGE, proceeded to the modification of the employment and entrepreneurship programs, to support unemployed women victims of GBV and DV.¹² Women who complete employment support sessions in the Network’s Structures can participate in the above-mentioned program, whereas victims of trafficking and transsexual people are also included as beneficiaries.

Also, NGOs provided support to victims including counselling services, temporary accommodation, social media posts on available support, targeted awareness raising of available support services to migrant women, etc. (European Union, 2020, p. 169). In the framework of the ARIADNE II project, co-financed by the European Union, which aims to promote actions and co-operation between police officers and civil society organisations to prevent and combat DV against immigrant and refugee women, a lot of actions were being developed (e.g. training to police offices, SOPs, practical tools etc.). The project has been coordinated by the KEMEA along with “Diotima”, KETHI, Women Center of Karditsa, Action Aid Hellas and the Municipality of Athens (GSDFPGE, 2021, p. 112).

Also, the CRWI Diotima –during the restriction pandemic measures– continued to operate with security staff, while making use of distance working (Vougiouka, 2022).¹³ It published and disseminated information on the continuation of the provision of psychosocial and legal services to refugees who have suffered GBV through telephone communication in Athens, Thessaloniki, Lesbos and Samos. Moreover, it gave the possibility for women to communicate on a daily basis, by phone and online applications (viber, WhatsApp etc.) directly with interpreters. In April 2020, in the framework of the programme “All Safe” and in cooperation with the Municipality of Athens, it has provided free legal assistance to Greek and immigrant women survivors of DV who are residents of Athens and

¹² This is done by supporting them with a 40% increase in allocated points regarding the point-system on the second business opportunity program and including them in the employment program for vulnerable social groups. The program subsidizes for 12-24 months around 90% of the total cost of up to 800 euro per month for a fulltime job and 400 euro for a part-time job.

¹³ For more information, please see the online conference “Gender-based Violence during the Pandemic Period: Frontline services”, Project - ProGender: A Digital Hub on Gender, the Covid-19 Crisis and its Aftermath, Tuesday, 28th of March 2022. <https://www.youtube.com/watch?v=lfuzGhxUjVI&t=1s>

have low incomes. “Diotima”, in the framework of the “Survivor Project” also developed an online help desk in its website, in pilot operation, in 5 languages to support women who have difficulties in seeking help when living with their abuser on a 24/7 basis to facilitate access to useful information for people experiencing GBV and DV.¹⁴ Additionally, “Diotima” with the support of the UNHCR, extended its services to another island - Samos, providing support to refugees and Greek women survivors of GBV (Vougiouka, 2022).

On January 25, 2021 the emergence of the “Me too” movement in Greece led to the creation of a governmental specialized e-platform <https://metoogreece.gr/>. This was done with the initiative of the GSDFPGE and it focuses on the collection of information on issues of sexual harassment, abuse and authoritarian violence, as well as the coordination of actions to combat such phenomena. Also, an ActionAid’s project “Speak Out” in cooperation with NGO “Women on Top” is being implemented to support survivors of sexual harassment at the workplace and to inform them about their rights through free legal counselling. The service is provided remotely so it can be accessible throughout Greece (GSDFPGE, 2021, p. 113).

In the case of Greece, Covid-19 arrived in a country already struggling with austerity since 2010 and with the management of migration since 2015. In a study requested by the **FEMM Committee** to understand the implementation of the Istanbul Convention, and the impact of the Covid-19 pandemic on VAW and DV, it is mentioned –according to the respondents– that in Greece, despite some improvements, cooperation with NGOs has not been promoted effectively and a multiagency approach and response to DV is still lacking, especially with regard to the police, the judiciary and health system (European Union, 2020, p. 87). Also, it is noted that many victims of VAW do not report an incident of such violence because the submission of a report requires an administrative fee of EUR 50 (excluding cases of DV). In addition, although survivors of DV and human trafficking are entitled to free legal aid, they rarely receive it in practice, as there is no system of referrals between the police, the courts and the various bar associations. Furthermore, the stereotypes and patriarchal perceptions about the position and roles of women and men remain prevalent in Greek society, leading to challenges in the handling of women victims when reporting to the police and the fear of reporting violence (European Union, 2020, p. 99).

¹⁴ For more information, please see: <https://diotima.org.gr/helpdesk/>

Additionally, the **WAVE European Network** country report 2021 provides an overall overview and analyses data related to women's specialist support services in Europe. The report presents Greece's profile, highlighting the national situation of service provision, taking into account the standards of Istanbul Convention. It is mentioned that Greece does meet the Istanbul Convention standards for the provision of a national women's helpline, as there are two statewide women's helplines, both of which are available 24/7 and offer multilingual support. However, in Greece, as there are 24 women-only shelters that offer 450 beds, there is a shortage of 58% of the necessary bed spaces, meaning that Greece does not meet the IC standards for the provision of women's shelters (WAVE, 2021, p. 108-109).

A member of the legal team of the **Centre for Gender Rights & Equality - "Diotima"**, a non-profit organization providing services aimed at supporting and empowering women and/or survivors of GBV, has mentioned some shortcomings manifested during the Covid-19 pandemic. The primary issue was the inability of DV victims to communicate with competent authorities, e.g. police and courts. She suggested that a viable solution could be the development of an application by the police, a suitable solution also in case of refugees and migrants who don't speak Greek or English, providing predefined messages in several languages and informing the police about the situation and the whereabouts of the victim (Chioni-Chotouman, 2020).

She, also, noted that *"the pandemic affects also the filling of a complaint for domestic violence, as incidents with police officers that discourage women from reporting domestic violence incidents are not rare in Greece. In an emergency situation those deviations are justified by the need to address only emergencies. Fortunately, the police leadership is trying to deal with such incidents upon notice. This demonstrates the need to have strong civil society organisations giving voice to each victim"* (Chioni-Chotouman, 2020).¹⁵ Applications for interim measures were also affected. Filing for protection measures was contingent upon a decision from a judge that there was a real risk. She notes that: *"However, that decision was taken on a case-by-case basis and not by taking account that by definition protection measures in cases of DV are of fundamental importance to prevent further*

¹⁵ Filing a complaint was possible only by appointment during lockdowns, and a meeting with a lawyer was impossible and all necessary communication was carried out by telephone or Internet. There were also cases where police officers forbid lawyers from being present during the statement of the victim due to "overcrowd" and possible covid-19 infection. As a result, this first statement of the victim was often defective, something that could be detrimental to the subsequent prosecution (Chioni-Chotouman, 2020).

aggression or further assault... This procedure usually takes time and there is also a reluctance of the public prosecutor to impose restrictive measures at such an early stage in the proceedings. As a result, after the filling of a complaint the victim is displaced from the household and vulnerable to further attacks” (Chioni-Chotouman, 2020). Finally, she mentions that the situation for women refugees and migrants was even more difficult, as the exit from all the refugee camps was limited and several went into a full lockdown. So, the protection to domestic violence victims and in general victims of gender-based violence was a daunting task (Chioni-Chotouman, 2020).

During the second lockdown, on 7th of November 2020, there have been some alterations influencing also the issues that emerged during the first lockdown for victims of GBV, and especially DV. Firstly, an exception from movement restrictions has been provided in order to meet with a lawyer. Victims of DV were being able to leave the house and discuss in person with their attorney-at-laws, and asking for an appointment for filing a complaint in police stations was also significantly recused as a practice. The victim was being able, in most cases, to go directly to a police station and file a complaint, although there were great delays that could result in discouraging the victim and the reluctance in following the special procedure for caught-in-the-act offenders (*flagrante delicto*) remained (Chioni-Chotouman, 2020a). Moreover, the conditions for applying for protective measures had been relaxed, as to make a request for interim measures (restraining and protection orders) meeting the normal conditions generally established for these procedures. Also, for victims of DV, the decision of the Government to leave the safe places in hotels open during the second lockdown was also very important. However, the serious delays at all stages of criminal proceedings remained since most of the proceedings had been suspended, risking relevant offences to become time-barred (Chioni-Chotouman, 2020a).

Iceland

One of the government's most important measures to prevent GBV has been the effort to limit the social impact of restrictions to contain Covid-19. Pre-primary and compulsory schools have remained open and at no point has a lock-down been imposed. Services for victims and perpetrators of GBV have also remained open and adjusted their

services to the containment restrictions.¹⁶ Due to increased risk of DV following the spread of the Covid-19 epidemic, the government decided in **May 2020** to take targeted actions and raise awareness, in particular DV, and violence against children. The Minister of Social Affairs and Children and the Minister of Justice appointed a **temporary action team / Covid-19 Anti-Violence Action Team** with the task of directing and coordinating work on implementing measures in broad consultation with relevant stakeholders. The team's work focused on raising general awareness of violence against children and domestic violence, strengthening services and support remedies for victims, and supporting the development and implementation of other projects in this field. Within the awareness raising campaign for "Together against Violence", an informational brochure was disseminated highlighting accessible and specialized services for marginalised groups. The "Together against Violence" project has formed specialized services for those who experience DV from the following groups: people with disabilities, immigrants, LGBTQI+ people, children, and pregnant women (CoE, 2021).¹⁷

The action team was also tasked with other general measures related to education, services and in connection with violence, following proposals in the Plan for 2019-2022 on Measures against Violence and its Consequences. The team's assignment was to last from May 2020 to 31 January 2021. It delivered regular progress reports to the Ministers, together with a final summary of the actions and results of the team's work. The government provided funding of EUR 1,649,942 to the project (CoE, 2021, p. 22). The government's most important actions against GBV are the following (UN, 2021a, p. 5):

- Preschools and primary/lower secondary schools were being kept open and not setting a curfew.
- Support resources for victims of GBV continued their operation and adapted their services to the quarantine rules. Additionally, a special anti-violence task force was established to manage and coordinate the work on elaborating anti-violence actions during the Covid-19 pandemic.
- A total of 215 million ISK was given to various actions aimed at raising public

¹⁶ For more information, please see: <https://www.government.is/government/covid-19/#Tab5>

¹⁷ For more information, please see: <https://www.jafnretti.is/en/moya/news/c-19-actions-to-prevent-increased-violence-against-women-and-children>
<https://www.government.is/government/covid-19/#Tab5>
https://reykjavik.is/sites/default/files/ymis_skjol/skjol_utgefild_efni/borg_saman_is-en-po_150319_net.pdf

awareness of DV and violence against children, strengthening services and support measures for victims of violence and supporting the development and implementation of other projects in this field.

- Stígamót – Center for Survivors of Sexual Violence was allocated a grant of 20 million ISK to respond to the increased strain on its services and to reduce waiting times. Additionally, the Women’s Shelter Association received a grant of 100 million ISK to improve the Shelter’s housing so that its services could be made available to all women who need it, as well as to support the building of a new half-way house that is accessible to people with disabilities, which opened in the autumn of 2021 to women and children who have been staying at the Shelter and are prepared to start a new life in a new place.
- In 2020, 55 million ISK was granted to civil society organisations that serve vulnerable groups, to respond to the increased strain and to give general support to their clients because of the consequences of CovidD-19 (UN, 2021a, p. 29).
- The awareness-raising project “Þú átt von” (“You have hope”) which made the available resources visible on social media, increased educational activities and disseminated information throughout society with an emphasis on showing victims of violence that they do have a hope for a better life (UN, 2021a, p. 29).
- The National Commissioner of Police was tasked with working on specific measures aimed at preventing repeated offences in cases of DV and violence against children. The aim of the measures was to stop perpetrators of violence from continuing criminal behaviour, to ensure the safety of children involved in violence, especially domestic and sexual violence, and to encourage perpetrators to seek the help of a treatment/rehabilitation specialist to stop the violent behaviour (CoE, 2021, p. 23). Improvements were made within the police force, the prosecutor’s offices and court system, as educational activities and preventive measures for different age groups, and assistance in getting clear handling of the cases of victims of electronic aggression were being developed. Also, an analysis of how violence against people with disabilities could be recorded into the police case file system without violating their right to protection of personal data, so that analyses can be made of notifications of violence against people with disabilities (UN, 2021a, p. 29).

- An online elaboration of a cognitive treatment method for trauma, in collaboration between the psychology services of the National University Hospital, the Directorate of Health's National Centre for e-Health and the Development Centre for Primary Healthcare in Iceland (UN, 2021a, p. 29).
- The creation of an electronic DV procedure at the "Heilsuvera" website, aimed at improving health care workers' procedures and responses to the symptoms of domestic violence (UN, 2021a, p. 29).

Two provisions have been added to the General Penal Code No 19/1940 to increase protection for the victims of psychological violence, i.e. Article 218b on domestic violence, and Article 232a on stalking (UN, 2021a, p. 9-10).¹⁸ Furthermore, in 2020, Althingi passed Parliamentary Resolution No. 37/150, on preventive actions among children and young people against sexual and GBV and harassment, together with a plan of action for the years 2021-2025. The actions include work to make educational and study materials for preschools, compulsory schools and secondary schools to support prevention of sexual and gender-based violence and harassment available on the web of the Directorate of Education in 2021 (CoE, 2021, p. 26).

In recent years, the **Women's Shelter Association** has made a systematic effort to provide better services for women of foreign origin. The Association's website is now accessible in seven languages in addition to Icelandic, and counsellors with more extensive language skills have been hired.¹⁹ Interpretation services are also used in counselling and support services for clients. The Women's Shelter Association opened a new shelter in **Akureyri in August 2020**,²⁰ for a trial period to provide the same services as the shelter in Reykjavík.²¹ The shelters are open around the clock for women and children who need to flee their homes due to violence. To ensure good accessibility for women with disabilities, the Women's Shelter Association has made **an agreement with hotels** where they are

¹⁸ The provision of Article 218b of the General Penal Code No 19/1940 emphasises the long-term psychological suffering that DV can cause. The provision of Article 232a of the General Penal Code further reinforces the protection available to victims of stalking, especially women and children, making it punishable to threaten, follow, monitor, contact or, through other comparable means, stalk another person if the behaviour is repeated and conducive to causing fear or anxiety.

¹⁹ For more information, please see: <https://www.kvennaathvarf.is/vidtol/>

²⁰ For more information, please see: <https://www.icelandreview.com/society/womens-shelter-to-open-in-akureyri/>

²¹ Up until then, the only shelter for women who are fleeing violence in their homes has been in Reykjavík, restricting the possibility of women in the countryside seeking assistance.

guaranteed suitable access. That alternative was considered more cost effective and suitable than moving or altering the shelter housing. Additionally, the Women's Shelter Association received a grant of 100 million ISK to improve the Shelter's housing by building a new half-way house with access for women with disabilities (UN, 2021a, p. 10).

Stígamót – Center for Survivors of Sexual Violence was allocated a grant of 20 million ISK to respond to the increased strain on its services and to reduce waiting times due to COVID-19. The Center also received a 10 million ISK grant in July 2021 to enhance services for young people and shorten the waiting lists for victims of gender-specific and sexual violence, as well as around 5 million ISK in August 2021 to shorten the waiting lists even further. Additionally, the collaboration between the **Bjarkarhlíð** and **Bjarmahlíð** Family Justice Centres to enhance digital technology and the use of social media in their services received a 5 million ISK grant in 2021 (UN, 2021a, p. 10). In April 2021, the Bjarkarhlíð aid center has launched an advertising campaign to familiarize the public with the center's activities and work. For this purpose, a film was made showing Bjarkarhlíð's work as a center for people experiencing violence, trying to reach minority groups (e.g. LGBT+ groups, immigrants etc.).²²

Additionally, the services of the **National Emergency Number 112** were being developed and strengthened. Emergency operators answer both by phone and through an online chat around the clock.²³ The National Emergency Number also opened an electronic portal (112.is) providing universal information about violence, available in Icelandic, English and Polish. Simultaneously, a targeted awareness-raising campaign about violence was launched in the media and on social media entitled "Segðu frá" ("**Tell Someone**"). The awareness raising was carried out in chapters, where each chapter had a different emphasis on approaching individuals in a specific vulnerable group. This was done in parallel with a general awareness-raising on the importance of contacting the National Emergency Number (UN, 2021a, p. 11). The project is a collaboration of the psychological services of the psychiatric ward of the National University Hospital, the National Centre for

²² The video is now available [on the website of Bjarkarhlíð](#). "We especially tried to reach minority groups, which met with a positive response from the LGBT + community, and so the first film tells the story of a transgender. In another film, a foreign woman living in Iceland tells her story. The third film describes the experiences of an Icelandic woman who survived a relationship in which she was a victim of violence" inform the representatives of the center in the press announcement. <https://nord.news/2021/04/28/bjarkarhlid-center-for-victims-of-violence/>

²³ For more information, please see: <https://www.112.is/en/stop-the-abuse>

E-Health at the Directorate of Health and the Developmental Centre for Primary Healthcare in Iceland (CoE, 2021, p. 23).

The **Red Cross 1717 helpline** and the **1717.is** net chat were open around the clock, with trained and experienced volunteers of all ages answering the phones and replying to messages received. Work has been ongoing to connect the phone helpline and net chat to other bodies providing services and counselling to vulnerable groups, both public institutions and civil society organisations. One other free-of-charge phone helpline operated by the Women's Shelter Association is open around the clock. Stígamót – Center for Survivors of Sexual Violence has also opened a net chat, but it is not open around the clock (UN, 2021a, p. 11).

In **2021**, the Ministry of Social Affairs provided EUR 13,469 to set up the **Take the Step initiative**,²⁴ which is a new remedy for individuals who have used or feel they are likely to use sexual violence, whether online or personally against others, and who want to seek help. Such a resource has not previously been available in Iceland, except for children and young people (UN, 2021a, p. 35).

However, as Katrín Jakobsdóttir, the Prime Minister of Iceland pointed out: *“We are far from eliminating violence against women and girls. This has been illustrated both by the #MeToo movement and the alarming escalation in gender-based violence against women we’ve seen as a result of the COVID-19 pandemic. Violence against women is both the cause and the consequence of broader societal inequalities between men and women, and we must do all we can to end it”* (Government of Iceland, 2020).

According to a **report submitted to GREVIO** by the Icelandic Human Rights Centre, the Icelandic Women's Rights Association, the Icelandic Women's Shelter, and Stígamót – Center for Survivors of Sexual Violence (2021), the four-year action plan against violence in 2019 passed by the Icelandic parliament contains many important actions but inadequate funding for actions inscribed to the plan. Aside from that, the action plan includes neither plans for monitoring the implementation of the action plan nor provisions for supervision or official evaluation of results. The reporting group encouraged the Icelandic government to increase funding and to establish adequate mechanisms for supervising, monitoring and evaluating the impact of the action plan (Icelandic Human Rights Centre et al., 2021, p. 3-4).

²⁴ For more information, please see: <https://www.112.is/en/stop-the-abuse>

Also, in the report it was pointed out that a counseling programme, Heimilisfriður, which is open to perpetrators of violence, is not enough to meet the overall need for counseling, attitude change and alternate means of communication. The reporting group encouraged the government to offer more resources for perpetrators of violence, such as counseling, education, awareness raising and attitude change. Also, it proposed to the government to address harassment in the police force, to guarantee women's right to be free from harassment and to safety at work including in the police force, and to increase the number of women serving within the police (Icelandic Human Rights Centre et al., 2021, p. 4). Another proposal to the Icelandic government was to provide adequate financial resources to Police and other institutions to carry out assistance to victims of sexual violence and conduct investigations in a satisfactory manner, as well as to adequately fund all actions for combating human trafficking and to issue a comprehensive action plan, addressing the structural conditions which enable human trafficking (e.g. lack of safe legal routes for refugees and migrants, etc.) (Icelandic Human Rights Centre et al., 2021, p. 5-6).

The coalition commended the government on their support to the service centres for victims of violence such as Bjarkarhlíð, Bjarmahlíð and Sigurhæðir and also to most of the partners offering their services at the centers. However, the Women's Counseling, which offers free legal and social work advice to women, received only 400,000 ISK from the government for their operations in 2020 and no funding at all for 2021. Also, lawyers and social workers are volunteering, administration, rent, telephone, web site, email, internet, travel costs and other costs need to be paid for. So, they proposed to the Icelandic government to provide adequate financial resources to the Women's Counseling to carry out free legal advice to those in need of it and victims of GBV (Icelandic Human Rights Centre et al., 2021, p. 6). Additionally, it proposed adequate funding to the investigation and prosecution of sexual offences and DV cases as well as to the training of police, prosecutors and judges as regards penal stipulations on sexual offences and violence in abusive relationships, in particular as regards the Penal Code stipulation on rape which is based on voluntary consent, as well for questioning victims with disabilities (Icelandic Human Rights Centre et al., 2021, p. 7-8). Finally, in the report it is pointed out that the Icelandic government has to continue providing support to migrant women in abusive relationships and keep up efforts for assisting and empowering these women (Icelandic Human Rights Centre et al. 2021, p. 9).

In an other **report prepared in 2022** by the Icelandic Human Rights Centre, the Icelandic Women's Rights Association, UN Women Iceland, the Icelandic Disability Alliance and Öfgar - a non-profit organisation against gender-based violence and submitted to **CEDAW Committee**, it is mentioned that the Icelandic government has to increase funding to the police to investigate cases of prostitution and human trafficking and recommends improvements towards prevention and education regarding digital sexual violence as well as support for survivors of abuse (Icelandic Human Rights Centre et al. 2022, p. 10-12). The reporting group expressed its concern at the high number of dismissals of charges of rape and other sexual violence by the State Prosecutor and the low number of convictions in cases of rape and other sexual violence, and urged the government to make an investigation into the police to see if transphobia is present, and if so, take action against it (Icelandic Human Rights Centre et al. 2022, p. 14).

Finally, regarding immigrant women, the reporting group encouraged the government to instigate research into violence faced by immigrant women in Iceland and to look into their safety in workplaces, as well as to ensure that future action plans against domestic and sexual violence, are sensitive to the needs of immigrant women. Also, NGOs that provide counselling for survivors of sexual violence, located outside of Reykjavík, to receive adequate funding. So, the coalition urged the government to ensure better access to information for immigrant women and to expand the response team services for survivors of sex trafficking outside of Reykjavík and the greater metropolitan area (Icelandic Human Rights Centre et al. 2022, p. 17).

Norway

On 12th of March 2020 far-reaching measures were announced, including the closing of schools and children's day care centres. In addition, a number of public services have been closed, among them the administrative services provided by the police. Services for victims in general were mostly open, but often based on on-line and telephone consultations to reduce risk for contamination (UN, 2020, p. 4).

The Norwegian government has worked in several areas to reduce the negative **consequences of the pandemic** and the extensive infection control measures. The authorities have been conscious that the control measures can create greater stress and lead to an increase in DV and conflicts in the home, because of the financial situation, health

problems, an increase in the use of alcohol and drugs, and the loss of important social and family networks. At the same time, quarantine at home makes it more difficult to come into contact with, protect and help those who are vulnerable. During the first phase, several **initiatives** were taken and it was important to maintain existing services to both victims and perpetrators of violence, while continuously assessing the need for increased efforts (UN, 2021, p. 34).

In contrast to developments in other countries, where the amount of DV increased, Norway **recorded fewer cases of reported violence** in close relationships in the first phase. To ensure that information was available on where victims, families or others can apply for help, information was presented through several official sites.²⁵ Several information campaigns have been launched to inform the public about where they can access help in a situation of violence. For example, the police website has been updated, especially with information on how the public can contact the police. Media is also used for disseminating information. The police districts have actively used the “Police online patrol” to provide up-to-date information. Moreover, women at risk of GBV could seek help from pharmacy staff by using code word “Mask 19”, who were then required to alert authorities.²⁶

The **Crisis Centre Secretariat** in collaboration with the **Oslo Women’s Shelter** maintains a 24-hour hotline to which a chat function was added and also the crisis centres have remained open throughout the pandemic (CoE, 2020, p. 35). The Norwegian government has expanded the treatment services for perpetrators of violence provided by the health services, the family counselling service, and **Alternative to Violence (ATV)** offices. In 2020, new ATV offices were established in Trondheim and Alta, having a family mandate and the ATV office in Alta offers its services, taking the Sami cultural context into account (UN, 2021, p. 14). The **Norwegian Child Welfare Service** and the **crisis centres** were defined early on as crucial societal functions to ensure that those at risk of violence get the necessary protection. Several helplines have received additional resources during the pandemic to ensure that people who were struggling or who were subjected to violence or abuse can get in contact and get help more easily. The police districts have received clear guidelines to the effect that special attention must be paid to abuse in close relationships

²⁵ For more information, please see: <https://www.helsenorge.no/> <https://www.helsenorge.no/en/psykisk-helse/violence-and-abuse/>

²⁶ For more information, please see: [https://www.coe.int/en/web/genderequality/promoting-and-protecting-women-s-rights#%2263001324%22:\[29\]}](https://www.coe.int/en/web/genderequality/promoting-and-protecting-women-s-rights#%2263001324%22:[29]})

and that personnel who worked in this field must be shielded. The importance of close cooperation with local authorities and other local partners was stressed (CoE, 2020, p. 35).

In order the **shelters** to be kept open during the restriction measures, the government has decided that employees at shelters were defined as personnel in critical social functions, allowed to send their children to kindergarten and school, even if kindergartens and schools were closed (for most of the children). Most shelters were operating at reduced capacity and have closed for regular day access but they were offering support and legal assistance over the phone. Those in urgent need of protected housing were being prioritised. Crisis shelter employees were also defined as socially critical personnel, so they could still go to work and their children could attend school. After initially closing completely, family protection offices are now offering services over the phone from 26th of March 2020. The **National Hotline for Children and Youth** subjected to violence, abuse and neglect is now open 24/7 and has put on extra staff after seeing a significant increase in inquiries since the coronavirus outbreak (NIM, 2020, p. 6). Also, the 45 shelters in Norway reported on a weekly basis on the use of the shelters during the crisis, compared to the use of the shelters in a normal situation. Reports from week 14, with numbers from 44 out of 45 shelters, show that for 55% (24 centres) say that numbers are lower than usually, 34% (15 centres) say that the numbers are as usual, and 12% (5 centres) say they have more users than normally. No centres report that they were full (UN, 2020, p. 4).

The necessary health services including **sexual assault centres** and **emergency health services** were available and accessible 24/7. Public health information about IPV was presented through several official sites, among these helsenorge.no.²⁷ Help lines and chat services were operated to meet the needs from the exposed. Also, several information campaigns have been launched to inform the public about where they can access help in a situation of violence and this information has been translated into English and was available on the Government's Corona information page and was spread on social media. The messages were directed to victims of violence, those who were worried they may commit violence and those who suspected that someone around them was vulnerable (UN, 2020, p. 5).²⁸

²⁷ For more information, please see: <https://www.helsenorge.no/en/psykisk-helse/violence-and-abuse/>

²⁸ For more information, please see: <https://www.regjeringen.no/en/topics/law-and-order/lov-og-rett--satsing/vold-i-narereelasjoner/seek-help-if-you-experience-violence/id2696812/>

The **Ministry of Justice and Public Security** has received reports that suggest that service providers since mid-March 2020 have made a commendable effort to change their short-term working methods to assist victims of trafficking and identify new victims. In the very early stages of the outbreak, it was recognized that women in prostitution as well as certain groups of male and female migrant workers would be extremely exposed and vulnerable. **NGOs** worked relentlessly to inform about travel restrictions and other elements of the new situation, and to assist several individuals in travelling back to home countries or seek refuge in safe locations (UN, 2020, p. 2).

When the Government introduced measures to prevent transmission of the coronavirus and protect the population, the **Police Directorate** immediately established an apparatus for identifying and handling the consequences of the pandemic and the measures introduced. Measures taken by the Police Directorate are (UN, 2020, p. 4-5):

- The National Criminal Investigation Service (NCIS) has been commissioned to prepare weekly intelligence reports describing the most likely developments. Already in the first report NCIS wrote as follows: *“The incidence of physical and mental violence in close relationships is likely to increase, especially if the situation becomes prolonged. In vulnerable families, problems are likely to intensify”*.
- Weekly statistics on reported crime, including domestic violence, were issued.
- The police website has been updated, especially with information on how the public can get in contact with the police. Media were also used for spreading information and the police districts have actively used the “Police online patrol” to provide up-to-date information.
- The Police Directorate has given clear guidelines to the police districts to pay special attention to cases of DV, both new cases and cases already under investigation.
- The police districts were requested to work closely with local authorities on measures, especially with the child welfare services.
- The Police could be reached by the emergency number (112), the nationwide telephone number (02800) or the police district telephone number. The Police Directorate was gradually reopened the public receptions to increase availability and opportunity for personal attendance.

There is no complete overview of the **grants** for work against VAW and DV in Norway. Most of the funding is covered by the ordinary budgets of the affected sectoral authorities and relevant services, including the police, health and care services, Family Counselling Service, Child Welfare Service and crisis centres. The municipalities' statutory services are largely financed through the municipal budget (CoE, 2020, p. 8). In addition, the State funds certain special measures for victims and perpetrators of violence. In 2020, for example, over EUR 6.3 million was appropriated for the operation of Alternative to Violence, over EUR 9.35 million was appropriated for the operation of Support Centres against Incest and Sexual Assault and approximately EUR 2.95 million was appropriated to a separate centre for children exposed to violence. Funds have also been appropriated to establish treatment programmes for persons who have committed or are at risk of committing sexual assault. In addition, the authorities fund several preventive measures, surveys, and research programmes. Funds are also appropriated to several non-governmental organisations that have measures in this area (CoE, 2020, p. 8). In connection with the Action Plan against Domestic Violence (2014-2017), EUR 2.8 million was appropriated through the budgets of the Ministry of Justice and Public Security. These funds were earmarked the Research Programme on Domestic Violence (EUR 934,579), package of measures to prevent DV (EUR 654,205), new grant scheme to prevent and combat DV (EUR 747,663) and the establishment of a pilot project (Project November), where the police and support services were to assist victims of violence at the same location (EUR 467,289). All of this funding has continued beyond the action plan period. Since 2017, that the Escalation Plan against Violence and Abuse (2017-2021) was adopted by the Storting, the Government has increased the appropriations to follow up the measures in the Escalation Plan by over EUR 100,000,000 in the budgets of various ministries. These funds will, for example, be used to strengthen investigations into violence and abuse, strengthen the treatment programmes for victims and perpetrators of violence, and strengthen preventive work, as well as to support parents in the municipalities (CoE, 2020, p. 8-9).

On behalf of the Ministry of Justice and Public Security, the **Norwegian Centre for Violence and Traumatic Stress Studies** conducted a campaign to avert violence and abuse in 2019 and 2020. In 2020, the campaign focused on the general population. The campaign consisted of targeted social media advertising as well as the creation of the "Duty to Prevent" website (plik.no). On this website, users can find information about the duty to

avert, when the duty to avert applies and how one can avert offences. The website also provides an overview of violent and sexual offences, such as forced marriage, genital mutilation and rape, which Norwegians have a duty to avert (CoE, 2020).

In connection with the Action Plan against Negative Social Control, Forced Marriage, and Female Genital Mutilation, the largest appropriations are related to minority advisers in the lower and upper secondary schools (EUR 4,6 million), integration advisers at several embassies (EUR 1 million) and the operation of The Expert Team against Forced Marriage, Female Genital Mutilation and Negative Social Control (EUR 268,519). Management of national housing and support services for young people over the age of 18 exposed to negative social control, honour related violence and forced marriage (EUR 1.8 million) and a mentoring scheme for vulnerable people (EUR 253,045). Voluntary organizations can apply for annual grants for preventive projects (EUR 1.9 million), in addition funding has been allocated for research on negative social control, forced marriage and female genital mutilation (EUR 562,324). Funds have not been appropriated for the work on the action plans against rape and against human trafficking beyond the ordinary budget limits (CoE, 2020, p. 9).

In addition, grants were allocated to acquire more knowledge about the challenges in the area of equality and non-discrimination, such as the CORE – Centre for Research on Gender Equality and the Equality Centres: The Equality Centre, KUN Centre for Equality and Diversity, Reform – Resource Centre for Men and Centre for Gender Equality at the University of Agder. The Equality Centres represent key specialist environments that work to acquire knowledge about victims of violence and to increase competence in equality among both private and public actors who request such, among other things (CoE, 2020, p. 12).

Finally, regarding the operation of **courts**, for most cases alternative ways were implemented: either in writing, as remote sessions or as a combination of both. Norway adopted further temporary regulations on 28 March 2020, referred to as “The Corona Act”. It provided the courts with a more comprehensive toolkit for alternatives to physical court sessions. Measures such as remote sessions and remote interviews, for example, could be used to far greater extent than before. Courts were able to process a far greater number of

cases, while at the same time keeping the risk of infection between the parties involved as low as practicably possible.²⁹

At the beginning of the restriction measures against pandemic, a **survey** had been done, on the consequences that may Covid-19 have had for VAW, – commissioned by **Bufdir, The Norwegian Directorate for Children, Youth and Family Affairs**, showing that (Martinčič, 2020):

- The communication from the authorities had been insufficient, and the information that had been given had probably not reached enough of those for which it was intended.
- All binding national contingency plans should address domestic violence.
- The municipalities need to become more aware that the women's shelters are their responsibility. The authorities should call for action plans concerning DV and address how the work to combat DV is coordinated and implemented locally in the individual municipalities.
- The authorities should be more precise in their description of which societal functions they define as critical for society, which functions need to remain open and who should be given personal protective equipment.
- A coordination group is necessary to gather information from involved bodies and report back to the authorities.
- There is need for a communication plan that can strengthen the population's knowledge about which support services that are open and how they may seek help and support from these services.

Also, at the beginning of September 2020, a **shadow report** was prepared by **13 Norwegian NGOs** independently of the official state report for the Istanbul Convention and was submitted before this. The report was about challenges and offered potential solutions in the form of recommendations to the authorities. It was coordinated by the Secretariat of the Shelter Movement, the Norwegian Women's Public Health Association (NKS) and Legal Counselling for Women (JURK) (CoE, 2020a, p. 2).³⁰ It is mentioned that prior to the

²⁹ For more information, please see: <https://www.unodc.org/dohadeclaration/en/news/2021/04/access-to-justice-in-relation-to-covid-19-a-norwegian-perspective-on-an-issue-of-judicial-integrity.html>

³⁰ The Secretariat of the Shelter Movement is an independent umbrella organisation for crisis centres in Norway that works towards a future without VAW and DV. NKS is Norway's largest women's organisation that works to promote women's health and better living conditions, including combating VAW. JURK is an

ratification of the Convention in Norway, the Norwegian government launched an Escalation Plan against Violence and Abuse (2017-2021) and none of the obligations in the Convention form the basis for this escalation plan, which was “non-binding”. Also, that there has not been any explanation from the authorities regarding how the Convention will be implemented. Moreover, it is pointed out that (CoE, 2020a, p. 7-9):

- There was no separate package of measures for addressing violence and abuse in Sami communities. The crisis centres do not have much focus on the challenges of DV in relation to the Sami population and their websites and brochures are not available in the Sami language. The authorities must prepare and implement an action plan against violence in Sami communities, as well as to develop the competence of the support services in assisting victims of violence who are of Sami background.
- Women in prison are given less access to education and training and are thus excluded from preventive measures against, among other things, violence. Regular, anonymous assessments need to be carried out in which inmates can report abuse and/or offences of a sexual nature. The assessments must be used to initiate measures for combating abuse and sexual offences in individual prisons.
- Transgender people are not included in the provisions in the Norwegian Penal Code that pertain to hate speech and discrimination.
- The authorities need to initiate measures and strengthen efforts to prevent, avert, investigate and prosecute violence and abuse against vulnerable groups.

Additionally, it is mentioned that women are most often the victims of intimate-partner homicide in Norway and it has to be raised and highlighted in a new action plan against violence. The government's Action Plan against Rape (2019-2022) addresses the attitudes of young men as being a major challenge. The same should apply in the new action plan when concerning men who commit IPV. So, it is proposed that the forthcoming action plan to be named “Action Plan against Violence against Women and Domestic Violence” and focus on the fact that such violence is largely gendered (CoE, 2020a, p. 9). Also, the

independent legal aid organisation, which has the objective of contributing to all women being aware of their legal rights and that gender equality is practiced, and offers free legal aid to all women in Norway (CoE, 2020a).

authorities must ensure that all municipalities have such an action plan, and the municipalities' crisis centres are at the heart of this work (CoE, 2020a, p. 11).

Further recommendations are mentioned, among others, such as (CoE, 2020a, p. 14-48):

- The authorities must support research into all forms of violence, involving all groups of women, as well as queer people and funds must be allocated.
- Economic violence should be more widely recognised through legislation that protects the victims and must be covered by free legal aid.
- Steps should be taken to ensure that topics such as equality and DV are part of the teaching for all children in kindergartens and repetitive information about violence against the elderly must be provided to staff in general and groups that work closely with the elderly in particular.
- Municipalities and county municipalities should be required to carry out teaching programmes in middle schools and upper secondary schools relating to rape and other sexual abuse, which have a clear focus on attitudes towards sex and consent.
- The government should have an action plan to ensure cultural and diversity competence in the health care professions, recruit more multicultural health care workers and strengthen cross-sectoral and interdisciplinary cooperation to prevent and respond to VAW and DV when encountering a diverse population.
- The authorities must initiate measures that formalise the cooperation between the service offered by the crisis centres and other parts of the support services to enable victims of violence to receive comprehensive assistance and follow-up during the period in which they use daytime services or accommodation services, and during the re-establishment phase.
- The authorities should ensure funding to NGOs and others that offer services to victims of violence during a re-establishment phase in order for these services to become permanent and nationwide.
- All victims of violence must be offered complex, long-term follow-up and coordinated and cross-sectoral treatment in the specialist health care service and follow-up by the municipality's first-line service.

- The authorities must ensure that new arrivals to Norway receive sufficient information - preferably in their native language, about what constitutes violence and where to find help as a victim of violence, or what to do if they know that someone else is the victim of violence.
- The sexual assault centres must be made more visible to the population in order for everyone to be aware of what the service entails and where they can find a centre. Also, it must be ensured that these centres have the financial resources to safeguard their residents, irrespective of their location in the country.
- The Crisis Centre Act must be revised and a statutory service to vulnerable groups needs to be defined. In addition, funds must be earmarked for such measures to ensure that equal services are provided to everyone across the entire country, irrespective of municipal priorities. Also, all crisis centres must have at least one employee with specialist LGBTIQ+ knowledge.
- The Violence and Abuse Helpline needs to be improved and become a permanent service, available in multiple languages.
- It must be ensured that efforts to combat rape have coordinated, clear and long-term political priority at national, regional and municipal level.
- More awareness-raising campaigns to counteract sexual harassment must be done, as well as more accessible information about the rights of victims of sexual harassment must be offered. Also, more in-depth studies into the prevalence of sexual harassment at workplaces must be done.
- The police, prosecuting authorities and other applicable authorities should be provided with better knowledge about honour culture and negative social control, including how notions of family honour and shame can result in DV. All police stations must have a sufficient number of employees who use risk assessment tools in cases relating to DV, forced marriage, negative social control and female genital mutilation. Police need to follow-up cases of violence more closely, and violations of restraining orders must have consequences.
- Religious and life stance communities and religious leaders must work to counteract attitudes and traditions that maintain GBV and spread knowledge about it.

- Other public agencies, including educational institutions, support services etc. must be provided with knowledge about honour culture and how to combat this.
- Cooperation between asylum reception centres and external support services must be strengthened in specific cases concerning VAW (including LGBTQ+ people) and possibly accompanying children. There is a need to develop good routines for referring women to external support services when required and to follow-up the cooperation with these.

Finally, according to GREVIO (European Union, 2020, p. 42), the gender-neutral approach *“fails to address the specific experiences of women that differ significantly from those of men thus hindering their effective protection”*. Research shows that gender-neutral policies impact the protection of women, notably through under-funding of specialist women support services. In Norway, for example, the gender-neutrality of the law on shelters for domestic violence victims resulted in 22 of the 51 shelters being reserved for men. In this case, gender neutrality resulted in diverting funds from much needed services. In fact, two years after the law entered into force, 10 of the men’s shelters were not in use due to a lack of demand (WAVE, 2020).

PUBLIC DEBATE AND SOCIAL MOVEMENTS FOR GENDER-BASED VIOLENCE DURING PANDEMIC

Greece

In Greece, public debates on issues of GBV are relatively new and the relative lack of empirical evidence makes difficult an elaborated analysis of the topic, as there are not adequate comparable data from previous years. The process of organizing and standardizing the topic has started the last three years through the two Annual Reports on Domestic Violence against Women 2020 and 2021 by the competent governmental body - GSDFPGE. During the pandemic period, the topic has started to be discussed and analysed in public debates and the participants include the competent bodies (e.g. GSDFPGE and KETHI), institutional agencies, political parties (e.g. SYRIZA), NGOs (e.g. “Diotima”, “European Network against Violence”, KMOP, etc.), grass root organisations (e.g. “Kamia Anohi”), women organisations (e.g. “Mov”) and academics.

From 23rd of March 2020, at the beginning of the lockdown in Greece, until its revocation (4th of May) two femicides were committed and there have been also cases of savage domestic abuse against women.³¹ Few days later, there was a Facebook post that went viral from a Greek doctor pointing out that during his shift: *“Forty incidents were recorded in total in the Emergency Orthopedic Clinics of the General State Hospital in Nikaia, which was on duty yesterday. Five of them were incidents of domestic violence”*. The increase in the ratio is very high given that before the quarantine the ratio was about 2 in 300 cases, as the doctor said (Touri & Petraki, 2020). On 27th of March 2020, a woman went to a police station to sue her husband for beating her and the police officers didn’t respond because they had the “serious issues of the pandemic” to deal with, and after the complaint of the woman and the non-profit women organisation “DIOTIMA” that supported her, the lawsuit was finally accepted on 30/3/2020.³²

On 30th of March 2020, the feminist activist group “Kamia Anohi” (No tolerance) started an on line petition with the title: “Home is not Safe for All” (until 4/5/2020, 6.150

³¹ For more information, please see: <https://tomov.gr/2020/05/03/via-sti-diarkeia-tis-karantinas-mono/>

³² For more information, please see: <https://diotima.org.gr/astynomikoi-edioxan-thyma-endoikogeneiakis-vias-koronoios/>

people have signed it) demanding from the Greek government and the GSDFPGE to take a series of actions and measures.³³ At the same time, it is worth mentioning that since the outbreak of the pandemic there has been no official major awareness campaign for women victims of GBV living in refugee camps. So, “Kamia Anohi” (No tolerance), noted that *“there is absolutely no provision for refugee and migrant women, who make up a significant proportion of the population in this country,”* calling for *“information to be pro-vided and the SOS helpline 15900 to operate in many languages, so that it can be accessible to refugee and migrant women”*.

On the 31st of March, the president of the Hellenic Society Forensic Medicine, mentioned the “dark figure” of DV, meaning that the vast majority of victims refused or hesitated to report it.³⁴ On 2nd of April, there was an online press conference given by the NGO “European Network against Violence”, the GSDFPGE and the NGO “Child’s Smile”, announcing that during March there was an increase in phone calls to the SOS Helpline 15900 for cases of VAW, as well as in LGBTQ+ psychological support line 11528 “Next to you”. Until 6th of April, the media coverage of GBV was very low (Touri & Petraki, 2020).³⁵ As early as April 2020, DIOTIMA Centre, active in Lesbos, expressed its strong concern about the situation faced by the male and female survivors of GBV in refugee camp at Moria, particularly in the midst of the pandemic, due to their being trapped in the same place as their abuser (Maragidou, 2021, p. 26).

On 7th of April 2020, the Prime Minister urged victims to call the national SOS 15900 helpline, writing at twitter: *“Staying home doesn’t mean we suffer violence. If you are victimized at home, call SOS 15900 or, in case of emergencies, 100”* and *“If you can’t talk,*

³³ For more information, please see:

<https://www.change.org/p/%CE%B3%CE%B5%CE%BD%CE%B9%CE%BA%CE%AE-%CE%B3%CF%81%CE%B1%CE%BC%CE%BC%CE%B1%CF%84%CE%B5%CE%AF%CE%B1-%CE%BF%CE%B9%CE%BA%CE%BF%CE%B3%CE%B5%CE%BD%CE%B5%CE%B9%CE%B1%CE%BA%CE%AE%CF%82-%CF%80%CE%BF%CE%BB%CE%B9%CF%84%CE%B9%CE%BA%CE%AE%CF%82-%CE%BA%CE%B1%CE%B9-%CE%B9%CF%83%CF%8C%CF%84%CE%B7%CF%84%CE%B1%CF%82-%CF%84%CF%89%CE%BD-%CF%86%CF%8D%CE%BB%CF%89%CE%BD-%CF%84%CE%BF-%CF%83%CF%80%CE%AF%CF%84%CE%B9-%CE%B4%CE%B5%CE%BD-%CE%B5%CE%AF%CE%BD%CE%B1%CE%B9-%CE%B1%CF%83%CF%86%CE%B1%CE%BB%CE%AD%CF%82-%CE%B3%CE%B9%CE%B1-%CF%8C%CE%BB%CE%B5%CF%82-home-is-not-safe-for-all>

³⁴ For more information, please see: <https://www.tanea.gr/2020/03/31/greece/menoun-spiti-kai-zoun-to-diko-tous-efialti-i-endooikogeneiaki-via-stin-epoxi-tou-koronaίου/>

³⁵ For more information, please see: <https://www.efsyn.gr/stiles/apopseis/238433-i-emfyli-bia-ton-kairo-tis-karantinas>

send an email at SOS15900@isotita.gr".³⁶ The same day, the President of Democracy retweeted it and added that: "We stay home but we don't stay silent".³⁷ On the same day, the Department of Feminist Policy and Gender of the political party "SYRIZA", published "18 suggestions to help tackle the problem so that no woman is left alone in domestic violence in the pandemic"³⁸. These proposals concerned additional actions in the operation of public structures and were being addressed to: a) the Ministry of Citizen Protection and Hellenic Police (e.g. upgrading the operation of the Departments for Dealing with Domestic Violence at the Headquarters and in the Police Departments of the Prefectures, staffing all police stations with the suitable personnel to deal with incidents of VAW, training of all police officers and implementation of all laws etc.), b) the Ministry of Labour, Ministry of the Interior, etc (e.g. upgrading the Network of structures and services for the support and protection of women facing DV, allowing victims to communicate and make complaints via sms as well, increase resources for renting hotel rooms for victims of sexual exploitation and domestic and gender-based violence for the period of the pandemic, providing "emergency alarm systems" in pharmacies and food stores, special care for the protection of vulnerable groups of women, such as refugees, immigrants, Roma, etc.), c) the Ministry of Health (e.g. increase of the medical and nursing staff of public hospitals to deal with incidents of abuse of women, etc.). After that, on 8th of April, the political party "Kinima Allagis" (Movement for Change) released a video "We stay home and break the silence" and proposed the option of digital complaint using social media or the use of a code word in neighborhood pharmacies, to notify the authorities, as well as and the utilization of the "Help at Home" network³⁹ (Touri & Petraki, 2020).

On 10th of April, the campaign "Mask 19"⁴⁰ was also launched in Greece, so if someone asked their pharmacist for a "Mask-19", then they should discreetly keep their customer's

³⁶ For more information, please see: <https://www.amna.gr/en/article/447779/PM-Mitsotakis-urges-victims-of-domestic-violence-to-contact-help-line>

³⁷ For more information, please see: <https://www.cnn.gr/politiki/story/214430/koronoios-sakellaropoyloy-mitsotakis-stelnoyn-minyma-kata-tis-endooikogeneiakis-vias>

³⁸ For more information, please see: https://www.avgi.gr/arheio/348861_tmima-feministikis-politikis-syriza-18-protaseis-antimetopisis-tis-endooikogeneiakis

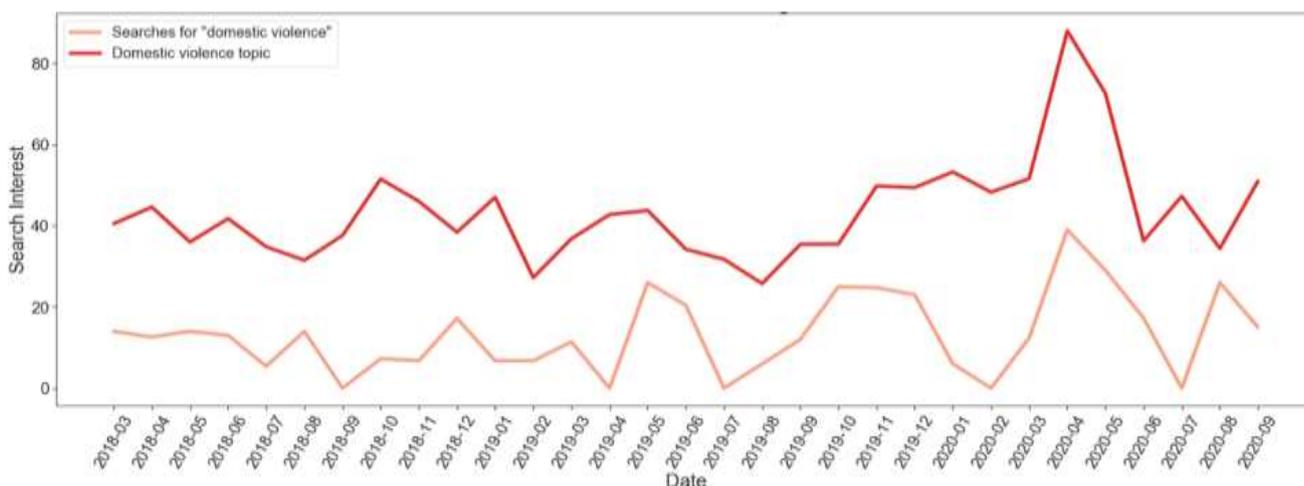
³⁹ For more information, please see: <https://kinimaallagis.gr/%ce%bc%ce%ad%ce%bd%ce%bf%cf%85%ce%bc%ce%b5-%cf%83%cf%80%ce%af%cf%84%ce%b9-%ce%ba%ce%b1%ce%b9-%cf%83%cf%80%ce%ac%ce%bc%ce%b5-%cf%84%ce%b7-%cf%83%ce%b9%cf%89%cf%80%ce%ae-%ce%b2%ce%af%ce%bd/>

⁴⁰ For more information, please see: <https://www.ertnews.gr/eidiseis/ellada/kinonia/diethnis-kodikos-mask-19-gia-ta-thymata-endooikogeneiakis-vias-ekklisi-toy-oie/>

details and update the SOS 15900 helpline of the GSDFPGE. On 11th of April, the feminist association “Mov” (Purple) printed and circulated posters encouraging people to contact the SOS 15900 helpline for victims of gender-based violence.⁴¹ On the same day, Prof. Sotiris Tsiodras⁴², the representative of the Ministry of Health for the corona virus pandemic in Greece, in his daily TV brief condemned the incidents of domestic violence, noting that they are inadmissible. *“I’d rather walk outside to calm my anger and get fined than hurt my companion”*, he declared. On 14th of April, updated guidelines for citizens and entities to tackle DV were announced from the Greek Police.⁴³ On 24th of April, the Attica Region and Doctors’ Association of Athens, in cooperation with the GSDFPGE, provided the possibility of psychological and counseling support to victims of DV during the period of lockdown due to the pandemic, through the 1110 Helpline,⁴⁴ and during these months the GSDFPGE gave a lot of interviews about the new measures and plenty of press releases were disseminated by it.

Furthermore, in Greece there were increases in **google searches**, higher than at any previous time during March/April 2020. These coincided with the period of Covid-19 related national lockdowns (European Union, 2020, p. 141-142).

Domestic violence Google searches in Greece from March 2018 to September 2020



⁴¹ Please, see: https://tomov.gr/wp-content/uploads/2020/04/91493306_2925300277505597_7932386862897823744_n.png

⁴² For more information, please see: <https://www.cnn.gr/ellada/story/214952/koronoios-to-minyma-toy-sotiri-tsiodra-gia-tin-endooikogeneiaki-via>

⁴³ For more information, please see:

http://www.astynomia.gr/index.php?option=ozo_content&perform=view&id=93961&Itemid=421&lang=

⁴⁴ For more information, please see: <https://www.isathens.gr/syndikal/9086-uposirixi-kai-kata-oikogeniakis-bias-sto-1110.html>

The increase of GBV against **refugee and migrant women** during the coronavirus pandemic lockdown was emphasized in the online debate on gender-based violence against refugee and migrant women organized by the Social Action and Innovation Centre (KMOP) in June 2020. In this context, there was emphasis on the need for cultural mediators in all organizations dealing with migrant women and refugees –victims of GBV– so that they can offer support to all women regardless of their nationality (Maragidou, 2021, p. 25). Also, following the first confirmed coronavirus case within the Reception and Identification Centre (RIC) and the announcement by the Ministry of Migration and Asylum that the structure would be put on full lockdown in early September 2020, dozens of organizations made it clear that this strategy neither addressed nor responded to concerns about the health of residents. A few hours after this announcement, on 9th of September 2020, the refugee camp “Moria” went up in flames and 12.000 asylum seekers were left homeless, including women survivors of GBV. Others remained on the streets and others gradually moved to the “Kara Tepe” area, in a temporary camp, remaining exposed to the violence of perpetrators (Maragidou, 2021, p. 26). In a statement, NGO “DIOTIMA” noted that, after the fire, staying in unsafe places constitutes a significant risk, given that the perpetrators can identify and approach women at any time and mentioning, for example, that in the first days after the fire, three women survivors reported a menacing approach by their abuser during the day.⁴⁵

During the pandemic period, in January 2021, Sofia Bekatorou, a gold medalist at the 2004 Olympics in Athens, revealed that she had been sexually assaulted in a hotel room by a high-ranking official of the Hellenic Sailing Federation (HSF) in 1998, when she was 21 years old. Addressing all women who have been sexually assaulted, she sent the message: “Break the silence, speak!”. With that action, she fired up the **Greek #metoo movement**, which quickly trickled down to the milieus of performing arts, sport and academia, including people from LGBTQ+ community. Her disclosure was characterized as well-timed and vital (Karagianni & Panagiotou, 2021) for a society that is gender unequal and systematically is at the very bottom of the EU Gender Equality Index (EIGE, 2021a). Greek Prime Minister endorsed the movement and told parliament that his government would seek to toughen penalties for sex offenders, put forward changes to the statute of limitations in cases

⁴⁵ For more information, please see: <https://diotima.org.gr/dt-ektetheimenes-sti-via-ton-draston-oi-epizoses-sti-lesvo/>

involving under-age victims, and ask courts to prioritize sexual abuse cases. *“Greek society underwent a shock when it began to learn about its hidden facades”*, he said.⁴⁶ A few days later, he announced the launch of www.metoo.gr, a platform which aims to educate citizens about sexual harassment, sexual abuse, and authoritarian violence.

For the first time ever, as a result of the Greek **#MeToo** stories of GBV are finally coming under the spotlight, providing a source of solidarity for women, and victims at large, of all backgrounds. These stories have stirred up a deep public debate, spotlighting the resistance of Greek public opinion to move beyond outdated perceptions of gendered roles and stereotypes and they have also highlighted the need to banish the country-wide silence pertaining to these realities and it contributed to the opening of a public dialogue, trying to shift feelings and ideas of guilt towards survivors. Initiatives such as SexHarassMap⁴⁷ and MenowMetoo⁴⁸ have been taken and created by activists and NGOs. While this is undoubtedly a positive development, it has also revealed the pervading sexism and toxic masculinity in Greek society.

A research done by **KETHI** in 2021, shows that among the social factors that characterize the Greek societal context, a common denominator preventing people from recognizing, labeling, speaking of, and responding to sexual and generally GBV may be the collectivist **patriarchic society** and is supported by highly influential institutions, such as family and religion (Tsiganou, 2021). In that study Tsiganou (2021) explored social representations, beliefs, and **gender stereotypes** in social media, daily newspapers and in interviews with authority figures and other professionals in Greece whose work also pertains to the management or treatment of incidents of DV against women (e.g. judges, lawyers, police officers, doctors, nurses, and social welfare professionals). The study confirmed the role of patriarchy in facilitating and tolerating authoritarian attitudes and behaviors of men toward women, who are constructed as the inferior gender. She further mentioned the acceptance and normalization of violence in everyday life and the adoption of traditional gender roles are the strongest predictors of DV and GBV.

⁴⁶ For more information, please see: <https://www.freiheit.org/greece/metoo-greece-women-ending-silence-sexual-abuse>

⁴⁷ For more information, please see: <https://sexharassmap.espiblogs.net/>

⁴⁸ For more information, please see: <https://menowmetoo.gr/host-organization/>

Instances of **femicides** have increased during the pandemic and Greece faced unprecedented numbers, reaching thirteen victims in 2021 alone.⁴⁹ In 2021, the emergence of the Greek #MeToo has also helped to mature feminist consciousness in the face of the most atrocious form of GBV, femicide, as the manipulation from the press and its usual strategy to handle each case of femicide as an independent, individual incident, as well as the respective perception and practice of the legal system, prevent the recognition and handling of femicide as a hideous, sexist crime also in Greece (Kouroutsidou & Kakarouna, 2020). The result has been increased social activism and a call for protection and awareness from women and grass roots organisations, as well as from NGOs. In response to this new social movement against femicides, the Centre for Gender Rights & Equality – DIOTIMA in cooperation with the Greek company “Lacta” released a video titled: “Don’t Ever Leave Me”, which it went viral in social media in a few hours.⁵⁰

The result of that public dialogue, is that femicides have started to be labeled and recorded as such by the majority of media and human rights organisations, and not as family tragedies, “unfortunate moment” incidents, passion and love crimes, etc., without however, specific measures being taken by the government to prevent and support survivors of GBV (e.g. training for police officers, for whose there are sometimes complains of not protecting the victims or intervening when they are called by third persons). Also, victim-blaming continues to dominate both public dialogue and mainstream media discourse. However, lawyers, women organisations, and the political party “SYRIZA” have highlighted that frequent labeling of femicides as “crimes of passion” enables a culture of impunity around VAW, asking from the government to recognize femicide as a specific criminal offence against women and to introduce it to the Greek penal law.⁵¹

Furthermore, a recent report shows (Theofilopoulos & Topalidi, 2022) that lockdowns in Greece forced many **LGBTQI+ people** to live together with family members who are disrespectful and abusive towards them because of their sexual orientation, gender identity

⁴⁹ It was November 2018, when the shocking rape and murder of 21-year-old student Eleni Topaloudi in the island of Rhodes by two uncannily unapologetic young males, turned into a watershed case and led to a public outcry that strongly contributed for the term femicide to be dynamically introduced for the first time in the Greek public discourse.

⁵⁰ Please, see: <https://greekreporter.com/2021/11/25/femicide-video-viral-greece/>

⁵¹ For more information, please see: <https://greekcitytimes.com/2022/08/03/greek-opposition-party-femicide/>.
<https://www.theguardian.com/global-development/2021/dec/21/greece-femicide-crime-two-more-women-killed>

and sex characteristics, having negative impact on their mental health and well-being. At the same time, it is mentioned that many support services became unavailable during the lockdown measures and LGBTQI+ people, as well as LGBTQI+ refugees, could not make use of the ones provided remotely/online due to lack of privacy and/or fear of abuse. Since the first restrictive measures and lockdowns, it was the civil society organisations that mainly developed good practices and initiatives aiming to support LGBTQI+ people. In few cases, the Greek government, local governments (municipalities), international institutions and/or other human rights organizations supported such initiatives. Moreover, the Greek Government responded positively to some of the advocacy actions by the LGBTQI+ members of the Greek civil society (Theofilopoulos & Topalidi, 2022, p. 7). Also, because of the restriction measures, courthouses had also to close down, having a negative impact on open cases of vulnerable people, including LGBTQI+ ones (Theofilopoulos & Topalidi, 2022, p. 33).

Iceland

Violence against women and specially IPV still remains a problem in the Icelandic society. Contrary to what would be expected, as the Nordic countries are rated among the most gender equal in the world, survey data suggests that the rates of DV against women in Iceland and neighboring Nordic countries are among the highest in the EU, a phenomenon, which has been termed the “**Nordic paradox**” (Gracia & Merlo, 2016). During the Covid-19 pandemic -reflecting trends globally- reports of DV in Iceland have risen; two women were allegedly murdered by family members in the first weeks of the country’s partial lockdown⁵², a significant spike for a country of just 360,000 people. While globally 38% of murders of women are committed by a male partner, according to the Commissioner of National Police this figure is 50% for Iceland (Jóelsdóttir & Wyeth, 2020).

The discussion about the Nordic Paradox is part of the public debate in Iceland, as well as topics that are connected to the Icelandic #MeToo movement - that is still active and include key stakeholders, service providers, grassroots and women organisations, NGOs, Shelters, etc. #MeToo stories by **immigrant women** shared in 2018 confirmed that they

⁵² For more information, please see: <https://grapevine.is/news/2020/04/06/two-women-dead-foul-play-suspected/>

often lack knowledge of available resources and they don't seek help for fear of deportation. Despite efforts made by the government in recent years, the ratio of migrant women seeking help from the Women's Shelter in Reykjavik continues to be disproportionately large (Icelandic Human Rights Centre et al, 2021, 8). In 2020, 22% of all women seeking help and advice from the Women's Shelter were immigrant women and as for women seeking refuge at the Shelter, 64% were immigrant women. According to the Women's Shelter's study from 2020 this disparity can at least in part be traced to the fact that migrant women do not have the same family safety net as Icelandic women (Icelandic Women's Shelter - Samtök um kvænnaathvarf, 2020, p. 16).⁵³

It is worth mentioning that a research project is on-going in order to map the prevalence of employment-based violence (EBV), as well as IPV among immigrant women, as both are commonplace in Iceland (Halldórsdóttir, 2021).⁵⁴ The empirical aim is to develop a threshold for understanding and describing the depth of the issue in Iceland,⁵⁵ giving also emphasis on a critical discourse **analysis of mass media** (e.g. TV, the Second Station, etc.), and legal proceedings. According to Halldórsdóttir (2021), through the media analysis, from the 390 articles found, 191 fit the methodological parameters from January 2020 to March 2021 and the references are about survivors (43), perpetrators (39), police (39), Covid-19 in relation to GBV (only 6 references), new state legal actions regarding stalking (including online) and calls for increase in funding for the development of services and research on violence. The first research findings show that the public debate is based on topics and releases connected to daily/weekly police reports, increase in reporting in IPV incidents comparing to 2019, and an open discussion from service providers as the services moved online and over the telephone. It is interesting that the increase in IPV reporting is connected to the increased emphasis given to GBV through the various social movements and government and grassroots organisations in the past seven years [e.g. #Freethenipple,

⁵³ In Iceland, a special advisory centre for immigrants, opened on 11 February 2021. This is a pilot project, providing advice by phone, online chat or email, among other things, in connection with cases concerning domestic violence (CoE, 2021, p. 73).

⁵⁴ For more information, please see the online lecture "Exacerbating an already dangerous problem: Gender-based violence in COVID times" of Brynja Elísabeth Halldórsdóttir, *Assistant Professor, School of Education, University of Iceland, in the framework of ProGender: A Digital Hub on Gender, the Covid-19 Crisis and its Aftermath*, on Tuesday, 16th of March 2021. <https://progender.panteion.gr/discussion/16-3-online-lecture-about-gender-based-violence/>

⁵⁵ Data will be collected through an online survey in 7 languages, anonymous narratives, and interviews with immigrant women and key stakeholders who provide services for women and a critical discourse analysis of mass media and legal proceedings.

Konur eru konum bestar (#kekb), #metoo, #fokkofbeldi etc.]. Also, several artists (music and visual ones) have developed public donations to the Women's Shelter and Bjarkarhlíð.

Furthermore, the findings from the stakeholders interviews and media results show the following (Halldórsdóttir, 2021): a) acknowledgment of need for long term support for survivors, b) fewer immigrants report violence, but also have significantly different definitions of violence, c) violence against women with disabilities is under-reported, d) lack of services outside the larger municipal areas but increased online services have made a difference, e) increase in services (housing, call lines, lack of information for immigrant women, perpetrators use lack of knowledge against immigrant women), f) training (do mostly in-house training, limited training for cross-cultural services), and g) increase in funding during pandemic, but the majority of the service providers brought up limited funding and resources that in turn limit services significantly.

It is worth noting that in March 2021, a group of nine women filed a complaint against the Icelandic State⁵⁶ before the European Court of Human Rights for violation of their **right to a fair trial**. The women reported rapes, domestic violence and sexual harassment to the police, but all cases were dropped by the prosecution authorities. The ECHR has requested for the Icelandic state to answer why four of the women's cases were dropped and whether that was in accordance with the European Convention on Human Rights. According to the plaintiffs there was evidence in all of the cases which should have led to them going to trial (OBI, 2022).

The lawsuit, was coordinated by several Icelandic NGOs, including Stígamót, a Center for Survivors of Sexual Violence that campaigns against domestic and sexual violence. Steinunn Guðjónsdóttir, Stígamót's spokesperson and fundraising manager, told CNN the group reviewed a number of recent cases of alleged VAW that had been dismissed by the police or prosecutors, and found that the victims' rights had allegedly been violated in several of them (Kottasová, 2021). Guðjónsdóttir said these included examples where evidence had been ignored, statutes of limitation expiring because of lack of action by the police, victim shaming and a complete lack of transparency, as well as that there is still a significant gap between the law and the way it's being implemented. Öfgar, a feminist

⁵⁶ For more information, please see: <https://www.theguardian.com/world/2022/apr/03/the-safest-place-in-the-world-to-be-a-woman-try-telling-that-to-these-icelandic-campaigners>
<https://www.icelandreview.com/society/nine-women-sue-icelandic-state-for-dropping-sexual-assault-cases/>

collective that aims to educate the public about violence and rape culture notes that the real numbers of violence might be even higher and they name as “generational curse” the shame that women face when they report such incidents (Kottasová, 2021).

Also, as Jóelsdóttir & Wyeth (2020) mention, in Iceland, such violence is also protected and reinforced by a **justice system** that tolerates and excuses these behaviours - or indeed shares in the perspectives of the male perpetrators. Additionally, they note that is of particular concern that Icelandic courts have a tendency to ignore mothers who report the abuse of their children by fathers, as the justice system strictly adheres to the concept of equal shared parental responsibility, which frequently overlooks or downplays violence against children in order to consistently allow unsupervised access to children for physically or sexually abusive fathers.⁵⁷ So, they point out that the Icelandic #MeToo movement’s call for justice system to “believe women” is not just a demand for preferential treatment before the law, but an attempt to reform the implicit biases against women within courts.

Furthermore, as it was mentioned before, during the pandemic period, a coalition by the Icelandic Human Rights Centre, the Icelandic Women’s Rights Association, the Icelandic Women’s Shelter, and Stígamót (2021), submitted a report to GREVIO, pointing out that the government has to ensure adequate funding to the investigation and prosecution of sexual offences and DV cases, as well as to the training of police, prosecutors and judges on the legislative intent as regards penal stipulations on sexual offences and violence in abusive relationships, in particular as regards the Penal Code stipulation on rape which is based on voluntary consent. The coalition also recommends for the government to establish education programs for the police, prosecutors and judges on methods for questioning **survivors with disabilities** and other measures necessary to ensure as fair and thorough procedure as possible (Icelandic Human Rights Centre et al, 2021, p. 8). Also, the reporting group encourages the Icelandic government to instigate further actions and research into violence faced by **immigrant women** in Iceland, to fund adequately the Multicultural and Information Centre and increase accessibility to its services (Icelandic Human Rights Centre et al, 2021, p. 9; OBI, 2022). Finally, Stígamót has challenged the Minister of Justice to

⁵⁷ Icelandic courts also maintain a habitual usage of a discredited theory known as parental alienation syndrome (PAS) that actively seeks to break the bond between mother and child. PAS works on the assumption that almost all allegations of child abuse will be false, and the more a mother insists that abuse has occurred the more evidence that this “syndrome” is at work. PAS has been dismissed by all authoritative psychiatric, psychological, and medical bodies throughout the West (Jóelsdóttir & Wyeth, 2020).

consider the making of survivors of abuse party to their cases instead of being witnesses. In their statement, which was also signed by 12 other organisations, to the Minister of Justice, they explain the importance of survivors of abuse getting the same access as the defendant to data to defend their case. In March 2022, the Minister of Justice was handed over 12.000 signatures from people challenging him to improve the legal status of survivors of abuse. (OBI, 2022).

Norway

As it was mentioned before, in the first phase of the pandemic, Norway recorded fewer cases of reported violence in close relationships. Even if Norway has a long history of work with gender equality and violence policy through different Action Plans, however, it still faces gender equality challenges in the form of DV, sexual harassment, rape, female genital mutilation and forced marriage, and for some groups, strong social control of girls and women (Norwegian Ministry of Finance & Norwegian Ministry of Foreign Affairs, 2019). Moreover, the deficiencies in the Norwegian State's compliance with its human rights obligations to the indigenous **Sámi people** have to be underlined here (NIM, 2020).⁵⁸ During the Covid-19 period, the topic of GBV was discussed and analysed in public debates and the participants include the competent bodies (e.g. Ministry of Justice and Public Security), institutional agencies, health services, the family counseling service and Alternative to Violence (ATV) offices, municipalities' crisis centre services, NGOs, grass root organisations and academics.

On 11th of April 2020, Mari Trommald, the director of Bufdir – The Norwegian Directorate for Children, Youth and Family Affairs, said that: *“When the population is stressed due to dismissals and restricted freedom of movement, and the support system is subjected to restrictions and become harder to reach, it may certainly lead to increased violence”* and added that *“This is a crisis out of the ordinary, which will have long-term consequences for everything from work and economy to domestic violence. It is therefore*

⁵⁸ For example, in 2019, the Sámi Shelter in Karasjok, the only one in the country with expertise about the Sámi people, was closed due to financial problems in the municipality. Also, research in Norway shows that the Sámi, particularly women and children, are exposed to more violence and abuse than non-Sámi living in the same region (Eriksen et al., 2015).

important to obtain more information about how it will affect society” (Martinčič, 2020). In her opinion, when it comes to violence toward women and consequences for equality more generally, we should not necessarily look at problems connected with infection, but rather the negative effects of the lockdown. Also, she mentioned that the authorities told the Norwegian population to avoid contact with the health services unless strictly necessary, in order not to overstrain the health care system, but this may have caused women who are victims of DV to avoid contact with women’s shelters and other support services such as the police (Martinčič, 2020).

A public commission (the Commission on Partner Homicide) submitted a report on 15th of December 2020 that reviewed the documents from 19 criminal cases relating to **partner homicides** committed in Norway in the period 2014-2017. The Commission on Partner Homicide was appointed to review homicide cases where the perpetrator was a current or former partner and to make recommendations that will help prevent such homicides in the future. The Commission examined how the police and the support services handled the cases before the homicides, identifying a number of issues with the handling, and stated that there is potential for improved prevention, proposing 70 measures for the police and support services (UN, 2021, p. 13).

On 7th of August 2020, a **shadow report** was completed by **13 Norwegian NGOs** to GREVIO (CoE, 2020a), contributing in the public dialogue of the topic of GBV and proposing potential solutions in the form of recommendations to the authorities. So, the reporting group mentioned that measures that can prevent violence against **Sami women** must be sensitive towards cultural and social structures and be suitable for helping those women who are the victims of violence. The crisis centres do not have much focus on the challenges of DV in relation to the Sami population, so Sami language and culture when working to combat domestic violence in Sami communities is essential for ensuring that victims receive adequate follow-up and help. Also, they pointed out that **transgender people** are not included in the provisions in the Norwegian Penal Code that pertain to hate speech and discrimination. This means that transgender people do not have adequate protection under criminal law if they are subjected to discrimination, hate speech or other hate crimes, including violence. People with gender expressions and gender identities that challenge societal norms require special protection. So, they recommend to the authorities to initiate measures and strengthen efforts to prevent, avert, investigate and prosecute violence and

abuse against **vulnerable groups** (e.g. women in prisons, Sami women, substance abusers, prostitutes, persons of national or ethnic minority background, migrants etc.) (CoE, 2020a, p. 7-8).

However, the shelters continued to be the key informants on DV and provided a privileged vantage point for obtaining knowledge about such violence in Norway. Moreover, the shelter leaders and employees were knowledgeable and competent when it came to handling DV and carrying out risk assessment, as well as to observe any changes in the frequency and character of violence in the populations that use their services that are relevant for the services they provide (Bergman et al., 2022). It is worth mentioning that several of the shelters expressed particular concern that some of the most vulnerable groups, such as ethnic minorities and children (Øverlien, 2020), did not get the services and protection they needed, in view of the fact that the infection control measures led to a general reduction in social contacts and also in the provision of several other services for victims of violence. Furthermore, 57% of the shelters were particularly worried about other vulnerable groups, such as pregnant women and victims with substance abuse or other additional problems. A majority of the shelters did not report changes in the content of the requests. Nevertheless, a third of them had observed instances of the virus and/or infection control measures being used by perpetrators as part of the violence and coercive control strategies. Also, one shelter described the situation for children staying at the shelter as follows: *“It has been really demanding with all the children who have not gone to school, but stayed at the shelter 24/7 with no alternative activities. Digital schooling and support for parents in crisis. We need more resources for those kids”*, while during the reopening phase, when childcare centers and schools had opened their doors again, this concern was reduced (Bergman et al., 2022).

CONCLUSIONS AND PROPOSALS

Covid-19 pandemic has definitely revealed that gender-based and domestic violence is a persistent problem, especially for women and people in vulnerable groups (e.g. immigrants, refugees, LGBTQI+ etc.), and it also opened the discussion about these topics in a European and international level. In this framework, it is crucial issue for us to continue the discussion and consider that the time has come for taking long-term measures for a holistic prevention model. While each country's economic context and priorities differ and likely influences the heads of government, all leaders in the three countries (Greece, Iceland, Norway) highlighted the devastating economic impacts of Covid-19 and have implemented important actions in fighting against GBV and protecting survivors with the cooperation of NGOs. Common responses to the pandemic are mentioned in the three countries (e.g. general access to phone and internet-enabled mobile technology, government support for services, financing to address gender-based violence etc.), as well as a number of emerging practices – new and potentially effective methods, approaches or strategies that were supported by anecdotal evidence of positive results in increase of domestic and intimate partner-violence. However, the responses have varied significantly across Greece, Iceland and Norway and are influenced not only by the magnitude of the pandemic, but also by pre-existing preparedness mechanisms and national leadership on gender equality and GBV issues.

During the COVID-19 pandemic, women's specialist support services in Greece had to adapt to this unprecedented situation. The network of SOS 15900 Helpline, 19 shelters and 44 Counselling Centres was operational, with staff working in teams and/or teleworking, allowing services to be provided via Skype, telephone and face-face. Nevertheless, specialist support services had to face many additional challenges. For instance, courts were not functioning at all for long periods of time, worsening the condition of survivors (especially if with children and in need of children's custody and child support). At the same time, the police were focusing almost exclusively on Covid-19 and the same was happening with hospitals that were almost inaccessible for routine examinations, that are necessary for survivors to be able to access women's shelters. The General Secretariat for Demography, Family Policy and Gender Equality has taken a series of actions during the pandemic

(campaigns, provision of free and safe accommodation in hotels for urgent cases of women victims of GBV, but only during the lockdown periods, efforts to increase the collaboration with local and international organisations, cooperation with NGOs, etc.). Local NGOs also set up specific plans to cope with the emergency. Even if public funding for women's support services has not be affected by the pandemic, however, funding from private donations has decreased significantly for women's NGO (WAVE, 2021, p. 109-110).

In Iceland, the Covid-19 pandemic has impacted women's specialist support services in many ways. Many women's centres offering counselling and psychological support have adapted their work by providing services by phone or video call. Additionally, women-only shelters had to rent out extra accommodations for survivors of VAW in order to meet the restrictions on gatherings and safe distancing imposed by the government. Both state funding and donations to women's specialist support services increased during the pandemic. Statutory services such as the police and social services sought to tackle violence against women by bringing more awareness to the issue (WAVE, 2021, p. 114). NGOs play an important role in the fight against GBV in Iceland. In preparing action plans and policies, the expertise and experience of NGOs is sought and representatives from them obtained to work on actions in consultation with public authorities. As well as, there are a lot of services for GBV victims provided by them.

In Norway, due to the Covid-19 pandemic, violence and rape in relationships and families increased and became more difficult for support services to uncover. In this context, the national helpline had an important role in offering guidance over the phone. During the pandemic, no women's support services offering accommodation have been closed and shelters applied additional measures to guarantee the safety of the personnel and the clients. Fifteen out of 44 centres needed extra financial funds as a result of pandemic restrictions. Of the centres that needed extra funding, eight out of 15 centres received support from the municipalities. In 2020, crisis centres in Norway registered fewer day visits and less survivors hosted in the centres, but the number of calls increased sharply. This was due to the measures applied by the government to control the infection rate of Covid-19. As a result, women had more difficulties to leave their home, particularly between March and May 2020. Day visits to crisis centres decreased by 63%, and many survivors received assistance via phone. The number of residents in the women's shelters was

relatively the same as in 2019. In 2020, a larger share of adults hosted in shelters returned to their violent relationship, compared with the share in 2019 (WAVE, 2021, p. 144).

Based on the measures taken by the above-mentioned countries as well as on country practices internationally, a whole-of-state framework for GBV can be conceptualised under three pillars (OECD, 2021, p. 10), which all of them need to be provided by regular funding for GBV frameworks, and countries should be willing to increase investments into relevant policies, programmes, and services during crisis situations. The first step to tackle the issue of rising GBV in the times of pandemic is the acknowledgment of the issue, which has been ignored during the pandemics in the past. Consequently, states would benefit from investing into research and data collection on GBV and into monitoring and evaluation of prevention-focused policies and programming to ensure they are achieving the desired outcomes. For greater impact, the GBV framework should be underpinned by a coherent, co-ordinated, and systematic approach to resourcing at both the national and sub-national levels for the different existing initiatives addressing GBV, including projects and research focused on prevention. All interventions must, at minimum, do no harm, by ensuring that they do not reinforce or reproduce the existing power imbalances and patriarchal norms which not only underpin GBV. Furthermore, it is crucial to spaces have to be created for multisectoral dialogue, including engaging with interagency mechanisms such as protection cluster, sectoral working groups (such as health, livelihoods and education).

Pillar I is “**Systems**” that requires functioning support structures and systems to adequately respond to GBV. Key governance elements under this pillar could include developing holistic laws and dedicated policies addressing multiple forms of GBV (e.g. DV, IPV, femicides, rapes, human trafficking, etc.) and gender inequality, clearly identifying the roles and responsibilities of governmental actors and relevant stakeholders in the implementation of GBV strategies, policies, and programmes, and establishing internal and external accountability mechanisms that monitor the progress of GBV policies. This pillar links to the country’s broader gender equality vision and strategy, taking into consideration the connection between GBV and other issues affected by gender inequality and asymmetries, such as access to housing, employment, affordable childcare, and a minimum living wage (OECD, 2021, p. 10-11).

Pillar II is “**Culture**” that promotes a governance and service culture, which is survivor/victim-centric and committed to enacting the GBV framework. The interventions

arising under this pillar have to focus upon supporting survivors/victims of GBV through capacity-building and co-ordination efforts, as well as improving detection and prevention of GBV. Key governance elements could include training public service providers who will directly engage with survivors/victims, facilitating co-ordinated community and inter-ministerial responses, funding necessities such as shelters and GBV programming, and engaging men and boys in challenging harmful attitudes and behaviours that lead to GBV (OECD, 2021, p. 10). Women's organisations and other community organisations, including shelters, crisis centres, and groups specifically representing or supporting groups of women and girls who face higher risks of violence (e.g. trans women and girls, women and girls with disabilities, indigenous women and girls, etc.), should serve as critical parts of the consultation and implementation process, as they often possess extensive expert knowledge on GBV (OECD, 2021, p. 26). One practice, in particular, that can be employed is developing media awareness campaigns to engage with and educate society about GBV. Such campaigns also function as a challenge to societal attitudes and stereotypes surrounding GBV. In this regard, campaigns should seek to counter harmful narratives related to gender roles and norms and ultimately serve as a means by which to challenge unhealthy behaviours and attitudes and address GBV within society. Media and social media campaigns under this framework take place across several mediums, including television, news outlets, and social media platforms. The information is packaged in easily digestible formats, whether digitally or in print (OECD, 2021, p. 27).

Pillar III is "**Access to Justice and Accountability**" that has to secure that judicial and law enforcement systems support and protect survivors/victims. In this regard, this pillar facilitates access to justice for survivors/victims and brings to justice those individuals who perpetrate GBV. Key governance elements include designing justice-related services and proceedings that are responsive to the needs and experiences of survivors/victims, criminalising GBV and enforcing sanctions for perpetrators, and reviewing femicides in order to address preventable failings and inadequate responses by the justice system (OECD, 2021, p. 10). Justice ministries are key to administering many aspects of legal justice systems and are involved in the development of integrated responses to GBV, specialised DV courts, and services for survivors/victims and the children of survivors/victims in the criminal justice system, as well as civil, family and other related justice services. They also can put in place policies and practices to determine survivors/victims' access to legal aid and legal assistance

institutions. Judges are responsible for interpreting laws and administering justice in a gender-sensitive manner. In light of this, it is important to balance the rights of the parties appearing before them in the courtroom and to take steps to understand the realities of GBV in order to fairly interpret legislation and policy. Alternative dispute mechanisms and protective mechanisms can also play a key role in serving the needs of survivors/victims and advancing integrated and survivor/victim-centred approaches. Enabling greater gender-sensitivity in interpreting law calls for specific training initiatives on GBV for judicial actors. Such training can assist with identifying biases, discrimination, and stereotypes surrounding survivors/victims of GBV (OECD, 2021, p. 21). Also, up-to-date training for police officers, which is both culturally and gender-sensitive, is essential to ensuring proper interactions with survivors/victims and the children of survivors/victims, accurate and unbiased reporting, and the completion of fulsome investigations regarding allegations of GBV. Police should employ a service and protection/response culture, putting the needs of survivors/victims and the community first (OECD, 2021, p. 22).

Consequently, some recommendations that can be suggested mainly to governmental agencies to better address GBV during and in aftermath of the pandemic, are the following:

- Integrate a **gender perspective** and prioritize the prevention of and response to GBV in national plans and budgets for Covid-19 response and recovery plans. In doing so, they will need to move from gender-blind, to gender sensitive, to transformative interventions based on **intersectional analysis**.
- **Establish a National Action Plan on Gender-Based Violence during times of crisis**, with an emphasis on women and girls who face multiple and overlapping vulnerabilities, as well as on LGBTQI+ people.
- Support **budgeting** to, at minimum, ensure human and financial resources are not diverted from essential GBV services and essential maternal health services.
- **Support vulnerable (women) groups and be inclusive**. To reach as many people as possible, including hard-to-reach, remote and vulnerable groups, use multiple channels (such as TV, radio, SMS, etc., as internet, and mobile network access may vary significantly), and if applicable, multiple languages. Text captioning or signed videos for hearing impaired and online materials for people who use assistive technology should be employed to reach persons with disabilities.

- Ensure that **police and justice services** give high priority to GBV incidents, guaranteeing women access to protection orders and holding perpetrators to account. States should address backlogs through videoconferencing, phone and mobile courts, and the obligation should be placed on perpetrators to leave the home, rather than on victims and survivors.
- Support **police and justice actors** to provide adapted services during periods of confinement or lockdown. Ensure judicial protection measures remain available and accessible, e.g., through allowing remote applications for administering and ensuring compliance with protection orders; admitting testimony and evidence through electronic means; or by introducing special duty shifts for lawyers, prosecutors and judges.
- Ensure that survivors of GBV can take legal action against perpetrators of online violence, sexual harassment etc., and that police and judiciary have the training and resources to pursue such cases.
- **Ratify ILO Violence and Harassment Convention** (No. 190) without delay, and prioritize actions that create culture change to eliminate sexual harassment and abuse in the world of work.
- **Enable NGOs and women's organizations** to **participate** in decision-making processes regarding Covid-19 response and recover plans. Promote the inclusion of women's organizations in COVID-19 plan development, implementation and monitoring. Collaborate with civil society organizations, including local women's organizations, as they can help disseminate information to those who need it most. Partner with disability organizations and caregiver groups, to help reach women and girls with disabilities, and ensure their needs and interests are integrated into GBV services.
- Capacity building and training. **Train law enforcement personnel and police officers** on a gender-sensitized safety curriculum, as well as **multidisciplinary staff** including health workers, psychiatrists, etc., to prevent acts of GBV.
- **Invest in ongoing national awareness campaigns** to help women inform about the provided services. Emphasize the role of the media to raise awareness about the

issue of gender-based violence during pandemic as well as about the practices that can replace the conventional in-person support.⁵⁹

- Use media, social media and online technologies, as well as community approaches, to shift norms, stereotypes and attitudes that normalize and excuse violence, and **engage men and boys** as allies in eliminating violence against women and girls.⁶⁰
- Continue to strengthen efforts to **improve data** collection on GBV, by addressing also gaps in intersectional data, especially in official statistics, and emphasizing gender analysis and frameworks in policy development and evaluation.
- Conduct **research** and **monitoring studies**, so as sufficient data to be developed, including sex-disaggregated data, on the pathways of violence and how a crisis can exacerbate different types and forms of GBV.
- Continue to monitor the situation and update the **referral pathway** regularly. Each referral listed should contain: the name of the institution/organization, type of service(s) provided, how it can be reached during the COVID crisis (phone number, physical location, etc.), contact person, cost of service(s) and hours of operation.
- **Create referral booklets.** This resource list should be small enough to be hidden and should include a range of other non-GBV services (e.g., social welfare, healthcare, community centers, etc).

Also, health facilities should identify and provide information about services available locally (e.g. hotlines, shelters, rape crisis centers, counseling, etc.) for survivors, including opening hours, contact details, and whether services can be offered remotely, and establish referral linkages. Health providers need to be aware of the risks and health consequences of GBV, as they can help survivors of GBV who disclose by offering first-line support, medical treatment and connecting survivors to support services. In addition, community members should be made aware of the increased risk of GBV during pandemic and the need to keep in touch and support people subjected to violence, and to have information about where help for survivors is available. Feminist movements and women's rights organizations play important roles as advocates, watchdogs and service providers during crises of all kinds, so supporting feminist movements is critical to ensure that women's voices are heard, and

⁵⁹ These may include offering supportive statements, promoting safety guidelines via advertisements, bystander approaches, and accessing help on behalf of the victim after obtaining consent.

⁶⁰ Youth-oriented programming for boys that also address gender norms have demonstrated promising results, both in terms of attitudes and self-reported GBV perpetration.

their needs are met, during the pandemic and beyond. Crisis recovery plans that effectively respond to the needs of survivors of GBV depend on the ability of governments to identify what those needs are.

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