



WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health & Indigenous Medical Services

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Violence against children and women during COVID-19

Children, adolescents, and women are at risk of abuse. In many countries around the world affected by COVID-19, records from helplines, police forces, and other service providers indicate an increase in reported cases of domestic violence, child maltreatment, and intimate partner violence against women during taking measures to contain the spread of the disease such as lockdowns, stay-at-home, and physical distancing. Evidence shows a 10-50% increase in domestic violence helpline calls in some countries. There is a three times increase in intimate partner violence reports in the Hubei province of China and 92,000 child abuse cases reported to one helpline in India. The coronavirus pandemic has resulted in the escalation of violence against women and children in Sri Lanka too. A survey done in Sri Lanka shows that 76.8% of the respondents experienced verbal abuse, while 7.8% encountered physical and 5.6% sexual violence. The survey further reveals that 49% of the perpetrators were neighbors, followed by parents at 25%, and intimate partners at 24%. These numbers, however, do not represent the prevalence of the problem, as data on family violence during the COVID-19 pandemic are currently scarce because most cases are not reported to services.

Risk factors for violence against children, and women during COVID-19 pandemic

- Increased time spent with and exposure to their abusers.
- Stressors including economic uncertainty, job losses which lead to loss of income.
- Limited or no access to protective support networks, both informal (e.g. family, relatives, friends, neighbors, school teachers or support staff, colleagues) and formal (e.g. protection services, hotlines, social services, shelters) during mobility restriction/

lockdown.

- Perpetrators of intimate partner violence may use COVID-19-related concerns to execute greater power and control over their victims, including limiting access to critical information and resources, and monitoring communication (e.g. telephones, mobile/sim cards, internet), thus making it difficult to contact support services, and access health services while protecting themselves.
- Increased consumption of alcohol and other substances.

High-risk population among children and women for violence during COVID-19 pandemic

- Children, adolescents, and women who already live in homes with violence before the start of the COVID-19 pandemic.
- Children and women living with disabilities or mental health issues have fewer opportunities to seek help.
- Children, and women from ethnic minority or indigenous populations, lesbians, gay, bisexual, transgender or intersex persons, migrant and refugee populations, and those living in poverty.

Children are at higher risk because,

- Smaller children are less likely to understand.
- They have fewer opportunities than adults to leave the house and access to pathways for seeking help.
- No school-related support networks and lack of access to school which is a safe space, due to school closures.
- Increased risk of online abuse due to time spent online has been increased.

Women are at higher risk because,

The conflict with partners due to increased stress associated with the high household burden of caring for children, sick and older people.

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- Stay-at-home may increase the frequency of demands for sex from a partner, and condoms and contraception may be less accessible which leads to an increased risk of unprotected or unwanted sex.
- Telephones or internet access may be limited or monitored by the perpetrators of intimate partner violence.
- They have to financially depend on their partner or other family members (e.g. grown children) which increases economic abuse.
- Some women are overstretched and working under stressful conditions as frontline health workers.

However, in several other countries, there appears to be a decline in the reported numbers of child abuse victims and women survivors seeking help in-person or remotely since lockdown measures were implemented. This may be due to the child's or woman's inability to leave the home or access this help privately as they are confined with a perpetrator, or due to service reductions or closures.

Measures to address violence against children and women during COVID-19 pandemic

- Include violence prevention and response in pandemic preparedness and response plans and risk mitigation communications and adequate resource allocation for these activities.
- Plan prevention and response programs and services for those affected by violence, such as mental health, psychosocial support, and protection services, alcohol and substance use prevention programs, counseling services, and medical treatment including immediate post-rape care. Also, ensure the maintenance of such programs during lockdowns.
- Promote paid sick, medical, family leave, and affordable child care for all essential workers.
- Inform the public about the availability of services to prevent and respond to violence or self-help or peer support groups for survivors of violence, via radio, television, online, posters, leaflets notices in grocery shops or pharmacies, including via Braille system.
- Alert essential service providers in the community such as mail carriers, meter readers, first responders, and food delivery services about signs that indicate violence or abuse and what to do if help is needed by survivors.
- Law enforcement to reduce risks associated with violence, such as harms caused by alcohol, weapons, drug use, and/or addictive behaviors.
- Make provisions to allow those seeking help for violence to safely leave the home, even during the lockdown.
- Keep existing helplines functioning or establish new ones including phone calls or text messages or chat or miss calls or telemedicine for free of charge and ensure all survivors can reach them.
- Multisectoral collaboration to address violence, such as criminal justice, health, social services, and NGOs.
- Inform health workers involved in the COVID-19

response and those who provide essential services to children, and women about the signs, symptoms, risk factors of violence, when and how to ask about violence in a safe manner.

- Provide parenting tips to caregivers during lockdowns or quarantine period.
- Encourage self-care, techniques to reduce stress and mental distress, positive coping strategies, social support, safety planning, and avoidance of tobacco, alcohol, or drug usage.
- In health care facilities and COVID-19 testing facilities, provide information about services available locally, including opening hours, contact details, and whether services can be offered remotely.
- Prevent abuse in the workplace and other institutions such as homes for children by training staff to recognize signs and symptoms of abuse and how to report without compromising the safety of the person affected, worker rotation, encouraging work breaks, and implementing flexible schedules for workers who are directly impacted or have a family member affected by a stressful event.
- Arrange follow-up for patients who have experienced violence in case they are isolated or quarantined and remain in regular contact with them.
- Prioritize home visits and contacts with vulnerable populations, in particular infants and young children, and people with disabilities at risk of violence, with specific attention to their safety.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 03rd-09th Oct 2020 (41st Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	44	4033	0	31	0	9	0	7	0	18	12	368	0	3	1	4	0	0	0	209	1	46	1	3	57	100
Gampaha	11	2500	0	12	0	8	0	7	0	19	2	281	0	8	0	7	0	2	0	256	0	33	0	60	43	95
Kalutara	8	1706	0	17	0	6	0	6	0	6	18	863	0	15	0	6	0	2	12	305	0	40	0	0	51	49
Kandy	54	3174	1	26	0	1	0	9	0	15	8	224	2	109	2	12	0	0	1	157	0	28	1	67	63	100
Matale	7	567	0	9	0	4	0	6	0	6	0	96	1	9	0	11	0	1	1	61	1	6	5	289	63	100
NuwaraEliya	1	167	0	35	0	1	0	6	0	9	3	121	3	94	0	4	0	0	0	78	0	15	0	0	22	100
Galle	7	1632	0	39	0	18	0	4	0	48	40	804	1	60	0	8	0	2	4	304	4	69	0	5	34	100
Hambantota	5	350	0	12	0	4	0	2	1	49	5	215	3	63	0	4	1	2	4	182	3	51	40	630	70	100
Matara	9	506	2	27	0	17	0	1	0	4	16	492	1	16	0	15	0	0	2	128	0	22	12	342	22	100
Jaffna	10	2067	5	99	0	0	0	21	4	79	0	26	12	564	1	2	0	2	1	103	0	12	0	2	26	93
Kilinochchi	1	128	3	43	0	2	0	11	1	24	0	20	2	41	0	1	0	0	0	16	0	11	0	13	65	100
Mannar	0	134	0	0	0	0	0	1	0	2	0	7	0	2	0	0	0	1	0	2	1	10	0	0	40	100
Vavuniya	0	249	0	13	0	0	0	6	0	3	0	43	0	3	0	0	0	0	0	33	0	4	0	1	64	100
Mullaitivu	0	85	0	14	0	0	0	6	0	5	0	27	1	16	0	3	0	2	1	13	0	7	0	7	39	99
Batticaloa	39	2420	1	90	1	8	0	1	0	49	0	33	0	0	0	6	0	1	1	94	3	35	0	1	48	100
Ampara	0	310	0	21	0	4	0	0	0	0	0	88	0	0	0	4	0	0	6	122	0	15	1	6	69	100
Trincomalee	1	2280	0	17	0	0	0	0	0	2	0	31	0	9	0	8	0	0	0	100	0	9	0	1	43	98
Kurunegala	8	902	0	23	0	12	0	4	1	37	8	236	1	31	1	9	0	3	7	315	2	43	14	432	49	98
Puttalam	2	467	0	10	0	5	0	3	0	1	0	60	0	17	0	2	0	1	1	78	2	56	0	10	56	100
Anuradhapur	6	414	0	19	0	3	0	4	0	30	5	258	0	26	0	15	0	2	2	182	0	61	9	244	40	98
Polonnaruwa	3	233	1	8	1	1	0	0	0	8	1	130	0	1	0	24	0	1	0	136	1	19	16	262	55	91
Badulla	3	462	1	27	0	7	0	3	0	4	8	353	3	100	0	14	0	0	4	158	1	38	0	26	50	99
Monaragala	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ratnapura	12	1905	0	88	0	29	0	6	0	37	33	1416	1	54	0	17	0	1	2	177	1	99	8	125	50	100
Kegalle	8	783	0	18	0	10	0	4	0	18	22	510	0	42	1	21	0	0	0	170	3	64	2	44	55	100
Kalmune	14	948	2	56	0	3	0	1	0	6	1	23	0	2	0	3	0	0	1	275	1	43	0	0	59	100
SRILANKA	253	28422	16	754	2	152	0	119	7	479	18	6725	31	1285	6	200	1	23	50	3654	24	836	10	2570	49	95

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 09th Oct, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 323 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

03rd–09th Oct 2020 (41st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2020	Number of cases during same week in 2019	Total number of cases to date in 2020	Total number of cases to date in 2019	Difference between the number of cases to date in 2020 & 2019
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	01	00	00	01	03	36	65	- 44.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	01	00	00	00	00	00	00	03	03	149	266	- 43.9 %
Measles	00	01	01	00	00	00	00	00	00	02	01	48	251	- 80.8 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	03	17	- 82.3 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	02	31	13	138.4 %
Whooping Cough	01	00	00	00	00	00	00	00	00	01	00	09	36	- 75 %
Tuberculosis	63	14	00	06	11	00	11	08	20	133	180	5102	6697	- 23.8 %

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.
Data Sources: Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS, Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
CRS** =Congenital Rubella Syndrome
NA = Not Available

Let's Unite and Defeat COVID-19

- ◆ Always keep a distance of 1M with others
- ◆ Wash hands with soap and water or sanitize with a sanitiser which contains the alcohol percentage >70%

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sitnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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