
**GENDER-BASED VIOLENCE AMID THE COVID-19 PANDEMIC:
A CRITICAL REFLECTION ON THE GLOBAL RESPONSE****Priscilla Gutura¹ and Reema Nunlall**

ABSTRACT

As the COVID-19 pandemic escalated globally, levels of gender-based violence increased. Violence against women is closely interweaved with crisis situations. The COVID-19 pandemic is no exception. Pandemics are usually gendered creating an additional environment for gender-based violence to foster. Loss of employment due to closure of several businesses, especially for those working in the informal sector, affects livelihoods and heighten levels of stress, fear and anxiety. The fear of death, restriction of movement and lack of access to daily activities during lockdowns imposed by governments added to frustrations and aggression. For most, home is a place of safety, but for those who are being abused they cannot run away from their abusers. Lockdown regulations, as a motivation to curb COVID-19, are necessary but have potentially ignored the intimate crime of gender-based violence. Using the Frustration Aggression Theory, this article discusses factors that drive cases of gender-based violence during lockdowns globally, but in particular in South Africa. Crime statistics, media reports, and government documents were used to answer the question: What are the government's efforts during 'lockdown' to fight gender-based violence. The article further reflects on what is needed to address gender-based violence currently, with recommendations made for future pandemics.

Keywords: COVID-19 pandemic; gender-based violence; factors; response; women.

INTRODUCTION

The United Nations (UN) Women organisation reported that 243 million women and girls were either sexually and/or physically abused in previous months before the COVID-19 pandemic (UN Women, 2020(a)). Emerging data reports that violence against women (VAW) since the COVID-19 outbreak has increased, particularly gender-based violence (GBV) confirming previous research that VAW during disaster situations intensify (Gearhart, Perez-Patron, Hammond, Goldberg, Klein & Horney, 2018: 91; Devries, 2015: 3; Sahid, 2015: 2; Parkinson, 2013: 28-30). Literature on the driving factors of GBV, as either a victim or perpetrator, vary from factors such as individual, relationship, community and societal factors (Abramsky, Watts, Garcia-Moreno, Devries, Kiss, Ellsberg & Heise, 2011: 109). Certain factors have a substantial effect in time of crises. Although GBV feature mostly in many disaster situations, how it occurs during pandemics is not fully articulated or understood. This is so because it is not easy to research on GBV during and after pandemics, particularly if it was prevalent prior and because it is usually hidden and happens in various forms (International Federation of Red Cross and Red Crescent Societies (IFRC), 2015). Clearly, the COVID-19 pandemic is an unprecedented situation, but GBV is a long-standing pandemic. COVID-19 has brought new focus to the fight against GBV with countries forced to revolutionise existing measures. Experts have highlighted significant research themes with VAW during the COVID-19 pandemic, specifically – the effects of the COVID-19 pandemic on VAW; services available

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for women; and which programming efforts are effective (Peterman, Bhatia & Guedes, 2020). Services available for women and the efforts of programmes are significant in understanding the desires, practises and ways women use to survive. GBV in disaster situations carry unique implications especially for prevention and responding to violence in the long-term.

This article aims to foster discussion around GBV during the COVID-19 pandemic by critically reflecting on the situation globally and South Africa in particular. The article authenticates its arguments on the possible upsurge of GBV with the assumptions of the Frustration Aggression Theory. Significant to our discussion is a critical reflection on the responses of governments during the COVID-19 pandemic, which have potential for policy change.

GENDER-BASED VIOLENCE

Although a universally acceptable definition of GBV is absent, the UN Women (2020) defines GBV as:

“...any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (World Health Organisation (WHO), 2012).

Intimate partner violence is the most common type of GBV (World Health Organisation (WHO), 2012). It is crucial to mention that this article is mainly referring to GBV and its impact on women because women are the most affected by GBV. The authors acknowledge that GBV also occurs to men and within the LGBTIQ+ community (Naidu & Mkhize, 2005; Parry & O’Neal, 2015; Campo & Tayton, 2015).

GBV is a pervasive issue in most parts of the world, and most of the victims of abuse are women. According to the WHO (2017): “...approximately one in three (35%) of women globally have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime”. Women in South Africa are often at acute risk for being victims. Statistics show the shocking and disheartening scale of violence perpetrated against women in South Africa. Crime statistics released by the South African Police Service (SAPS) for the 2019/2020 financial year indicates 53 293 reported cases of sexual offences (South African Police Service (SAPS), 2020). Statistics South Africa in 2019 reported that one in every six women is often assaulted by her partner. Further, about 46 percent of these partners also abuse the children staying with the victim (Statistics South Africa (StatsSA), 2019).

While GBV is rampant in South Africa, accurate statistics are absent to provide trends and patterns of GBV due to the crime holding high ‘dark figures’. A big hindrance to having formal numbers is, firstly, the reliance on self-reporting. In most instances victims do not report the crime to the police. Specifically, with GBV, extensive literature has shown that victims are hesitant to report to police, especially due to the patriarchal attitudes of many police officers, leading to even lower rates of reporting (Stone & Lopes, 2018: 32; Fleckinger, 2020: 8; Johnson, Mahlalela & Mills, 2017: 57). Fear of punishment, mainly if the crime is within the immediate family, may also lead to lower rates of reporting. Secondly, under the South African Police Services (SAPS) crime data, there is no crime termed ‘gender-based violence’, which means that GBV statistics are not reflected as a separate crime category on its own. Instead, it falls under a wide range of criminal offences such as amongst others: assault; intimidation; rape; or attempted murder. These are classified under the crime category: sexual offences (SAPS, 2020).

THE COVID-19 PANDEMIC AND GENDER-BASED VIOLENCE

COVID-19 was declared a global pandemic on 11 March 2020. In South Africa, on 15 March 2020 the president, Cyril Ramaphosa, declared the coronavirus pandemic to be a national disaster. Measures, including a lockdown, were implemented to tackle the COVID-19 pandemic, which saw people's everyday lives considerably changed. These changes were important to stop the spread of the coronavirus and protect health systems (Republic of South Africa (RSA), 2020). Although it is argued that these changes were necessary, there are unintended, negative consequences that resulted from such measures. The COVID-19 pandemic tended to worsen vulnerabilities and patterns of discrimination that have long existed. As in the case of the COVID-19 pandemic, research has shown that vulnerable populations are affected by a pandemic more than privileged individuals (IFRC, 2015; Valerio, 2014: 17). One of the consequences, is the risk of GBV among women as they are particularly vulnerable. GBV is one of the features, which shows how a pandemic, such as the COVID-19 pandemic affects people of different genders differently (IFRC, 2015).

In many countries, including South Africa, as lockdown regulations were implemented to curb the spread of the COVID-19 pandemic, GBV has been on the rise (see Graham-Harrison, Giuffrida, Smith & Ford, 2020: np). The President of South Africa, Cyril Ramaphosa declared GBV the second pandemic following the brutal murders of women in the country during the pandemic. As already noted in the introduction, there are high numbers of GBV cases in South Africa and, and it would appear that during the lockdown the numbers have remained high. In South Africa, the Minister of Police compared crime statistics for the months of lockdown in 2020 with the months in the previous year and indicated a 68.4 percent decrease in reported GBV cases (SAPS, 2020). However, a reduction in crime statistics does not necessarily imply that GBV has decreased. The Minister of South African Police mentioned a decrease of the number of GBV cases from police statistics. However, numbers to hotlines and counts of women accessing services during lockdown indicates that women and children were in fact experiencing violence from men. The GBV Command Centre reported that about 25 894 calls were received between 27 March-30 April 2020. What is worrying for the use of any statistic is the communication of fake information as noted by the Institute for Security Studies as there are no official data for the number of calls received by national hotlines (Gould, 2020: np).

Many countries in the world have also reported an increase in reported cases of VAW and children under lockdown. These include Brazil, Spain, Cyprus, United Kingdom (UN Women, 2020(a)). However, some helplines reported receiving fewer calls during the first two weeks of lockdown in Italy and north of France (UN Women, 2020(a); Graham-Harrison, Giuffrida, Smith & Ford, 2020: np). Has mentioned earlier reliable statistics pertaining to GBV during or even prior to the COVID-19 pandemic is difficult to ascertain. GBV statistics is not what the authors intend to focus on, the services available for women and the efforts of programmes are of more significance in order to understand the needs, experiences and strategies women use to survive during a pandemic, which can prove valuable for GBV combatting efforts in the long-term.

THE CURRENT STUDY'S FOCUS

The authors conducted a narrative review to help answer the following research questions:

- What characterises GBV during the COVID-19 pandemic globally and in South Africa?
- What measures during the COVID-19 pandemic were implemented globally and in South Africa to mitigate GBV?
- How can communities, victims, and governments enhance existing measures for post-COVID-19 fight against GBV in South Africa particularly?

To answer these questions, the authors searched for articles on various databases including amongst others, EBSCOhost, Google Scholar, Science Direct, and JSTOR published or accepted for publication using the following key terms: 'gender-based violence'; 'violence against women'; 'intimate partner violence'; 'domestic violence'; 'pandemics'; and 'covid-19'.

Despite the scarcity of articles published in the period immediately after the COVID-19 virus hit the world, the authors managed to select articles that reveal GBV in times of crises and the COVID-19 pandemic.

Besides the limited literature on the COVID-19 pandemic and GBV, the challenge was locating South African statistics on GBV. This is as a consequence, as mentioned earlier, that GBV does not have its own category under the SAPS statistical reports on crime, and because of the lack of reporting the crime to the police. GBV research studies often have limited sample, which further complicates statistical data. To mitigate the challenge, media briefings by ministers, government and non-governmental websites and media reports proved useful. International public media articles and reports from international organisations for women and children such as the UN Women, World Health Organisation (WHO), and the United Nations Children's Fund (UNICEF) were also searched. In the next section, a critical analysis to the research questions is provided.

ANALYSIS

This section discusses the findings on what characterises GBV globally and in South Africa particularly, during the COVID-19 pandemic. The discussion includes factors that contribute to GBV in the time of the COVID-19 pandemic in South Africa and the efforts implemented to mitigate GBV in the time of the COVID-19 pandemic globally and in South Africa. Recommendations of how communities, victims, and governments can enhance existing measures for the post-COVID-19 pandemic fight against GBV with specific focus on South Africa also forms part of the discussion.

FACTORS CONTRIBUTING TO GENDER-BASED VIOLENCE IN THE TIME OF THE COVID-19 PANDEMIC

Various factors have consistently been associated with a likelihood of experiencing or perpetrating GBV. Important to note, is that an understanding of some of these factors and the dynamics of violent relationships has led the authors of this article to argue on how they can be worsened by the COVID-19 pandemic. Further, the Frustration Aggression Theory is used in this article to explain the behaviour of perpetrators.

The Frustration Aggression Theory is also referred to as the Frustration Aggression Hypothesis. It was first formulated in the late 1930s (Dollard, Doob, Miller, Mowrer & Sears, 1939). Its basic assumption is that frustration is an event instead of an emotion. This event increases the probability to act or react aggressively. The theory was applied in studies of

scapegoating and hate crimes. It is argued that frustrated groups may release their aggression on a convenient social target, often a minority group, as sources of frustration accrue, often during an economic crisis (Mentovich & Jost, 2017: 1). Women and children are in most cases the minority groups and are vulnerable to abuse. In trying to minimise the spread of the COVID-19 pandemic, lockdown measures were implemented to restrict movement among people, including a total lockdown of the economy. Government measures implemented during lockdown saw the closure of businesses, loss of employment and increased levels of stress and anxiety amongst members of society. Arguably, the economic frustration coupled with the ban of the sale and distribution of alcohol in South Africa may have led to aggressive behaviour, which has manifested in GBV (Yu, Nevado-Holgado, Molero, D’Onofrio, Larsson, Howard & Fazel, 2019: 13; Msibi, 2017: 2; Phorano, Nthomang & Ntseane, 2005: 198). Therefore, the next sections look at some of the contributing factors of GBV during the COVID-19 pandemic, which might have triggered and worsened abusive behaviours.

Unemployment

Economic stress resulting from unemployment is one of the driving forces of GBV. Research shows that men are likely to be perpetrators of GBV when they are unemployed (Msibi, 2017: 2; Yu et al, 2019: 13). Men are more likely to feel pressure in the face of economic hardship resulting from a pandemic and the inability to work, causing tensions and conflict in the household, and possibly leading to violence (United Nations Fund for Population Activities (UNFPA), 2020). For example, evidence from the impact of the great recession (2008-2009) showed that income loss added to daily anxieties and conflicts within households, which were expected to increase with loss of employment and the difficulties of obtaining basic necessities, which can have psychological impacts (Renzetti, 2009). Further, women are more likely to be victims of GBV when they are unemployed, since they cannot leave the perpetrators who are providing for their needs (Centre for the Study of Violence and Reconciliation (CSVR), 2016).

In South Africa, the COVID-19 pandemic lockdown measures implemented have caused loss of jobs. Before the COVID-19 pandemic, South Africa had an unemployment rate of 29.1 percent, which, following the lockdown regulations, rose to 30.1 percent in the first quarter of 2020 (StatsSA, 2020: 2). For some men, losing a job equates to a loss of power and authority. This is so because in a patriarchal society, men play the roles of being heads of households and providers to secure their ‘masculinity’. The lockdown measures therefore strip the men off their masculinity, as they fail to provide for their families (Hunter, 2006). The CSVR (2016) states that: “...in the crisis of male identity, violence is sometimes used as a tool to try to maintain patriarchal power”. This is so since some men are angered when they cannot prove their masculinity, such as when they cannot afford to provide material needs and money in the household (Dolan, 2001; Sigsworth, 2009). This links to the Frustration Aggression Theory when it argues that when someone is frustrated, they may: “...release their aggression on a convenient social target, often a minority group” (Mentovich & Jost, 2017: 2), in this case the women and children. Therefore, GBV is used to uphold male power and authority (Abrahams, Jewkes, Martin, Mathews, Vetten & Lombard, 2009).

Alcohol

Alcohol is another cause of GBV, primarily due to its effect on aggression (Abrahams et al, 2009; Maclen, 2020: np). However, it can also be argued that lack of access to alcohol can result in withdrawal symptoms and increased stress levels (Maclen, 2020: np). These factors are likely to place stress on abusers and increase the risk of being abusive as the mental health effects of confinement during lockdown can lead to violent encounters, domestic abuse, and abuse of children. South Africa implemented a ban on alcohol as one of the steps to stop

spreading the virus. The Minister of Police applauded a general decrease in serious and violent crimes as accredited to, but not limited to, the ban of selling and moving liquor since the beginning of the nationwide coronavirus lockdown (News24, 2020: np). However, as noted earlier crime statistics are not a reliable source to show the extent of VAW as many cases remain unreported to police. The media, experts, activists and non-governmental organisations have reported many calls of help due to increase in GBV during lockdown.

As the threat of the pandemic decreased, the South African government reintroduced the sale of alcohol. This has seen an increase in violence cases and the brutal murders of women (Harrisberg, 2020). In times of crises, it is argued that people tend to drink a lot because of stress (Maclen, 2020: np). For relationships already characterised with violence, alcohol ignites the abuse, especially when there is isolation as discussed below.

Isolation

The lockdown measures saw workplaces and schools being closed, visits to family and friends prohibited. This resulted in social isolation. Maclen (2020: np) argues that social isolation is a common strategy used by perpetrators of GBV. He further mentions that being isolated from friends and family allows the abusers to exert control over the space of the victim. “Victims can normalise the abuse due to isolation and it can cause victims to rely solely on their abusers to define a sense of reality, which feeds into a cycle of abuse that is very difficult to escape” (Maclen, 2020: np).

Besides the normalisation of abuse, women and children who live with abusers cannot escape during lockdown, as they remain homebound with them (Godin, 2020: 2). The options that abused women normally must get away from abuse are not readily available including the social ties. Lockdown restricts access to amongst others, police stations, extended families, schoolteachers, work colleagues and support services to report or seek help (Hartford, 2020; United Nations Children’s Fund (UNICEF), 2020). Calling for help is restricted especially when one is confined with the abuser. Children’s risk of abuse is also increased. Many of the options that children make use of as safety nets to get away from violence such as schools, friends and teachers outside of the home environment are no longer available (Acosta, 2020: 142). Therefore, it remains difficult that victims of GBV can report or get away from home.

It is crucial to understand that GBV involves coercive control (Kayz, 2019: 1831; Myhill & Hohl, 2019: 4477). Coercive control is: “...a strategic course of oppressive conduct that is typically characterised by frequent, but low-level physical abuse and sexual coercion in combination with tactics to intimidate, degrade, isolate, and control victims” (Stark, 2013: 18). Coercive control involves “the micro-regulation of everyday life and is based on the notion that the perpetrator employs a range of abusive tactics that, in conjunction, serve ultimately to entrap the victim” (Myhill & Hohl, 2019: 4480-4481). The victim will feel frightened to do anything and this increases GBV (Myhill & Hohl, 2019: 4489). Coercive control during lockdown are even more persuasive as stay-at-home orders restrict victims contact with family and friends or access to multiple support services.

Stress and anxiety

It has been proved that an increase in stress is associated with an increase of aggression (Adelson, 2004: 18). With the COVID-19 pandemic, it is possible that people are stressed. In various ways, outbreaks of diseases can foster a type of stress when people get worried about getting sick and worrying about family and friends suffering from the virus. Further, people become stressed due to fear of the unknown. Most poor families are unable to provide for their needs and this causes stress among the adults in the household and may increase the susceptibility of perpetrators using violence towards the victims, mainly women and children.

There are already existing challenges, such as large families living in small and/or poor dwellings that can affect individuals' mental health in South Africa (Dowdall, Ward & Lund, 2017: 9; Nkosi, Haman, Naicker & Mathee, 2019).

Lack of policies and legislation implementation and lack of resources

South Africa has comprehensive legislations and policies pertaining to VAW. The government is engaged in many international and regional conventions, which protect the rights of women and girls including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). Legislation protecting women in South Africa include: The Constitution of the Republic of South Africa; The Domestic Violence Act 116 of 1998; Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007; Protection from Harassment Act 17 of 2011; and Maintenance Act 99 of 1998. Despite the comprehensive laws and policies, GBV remains a major problem. This has always been attributed to the lack of implementation of these policies. GBV can also be increased by the lack of resources to support the victims/survivors, which range from courts, police, shelters and professional workers.

Ineffective justice system

The CSVr in 2016 reported that there is a risk of an increase in violence and femicide because of a lack of an effective justice system (CSVr, 2016: 13). During the lockdown, this worsened as SAPS and courts failed to attend to matters even though most court systems remain open for emergency matters such as granting of restraining orders. The tragic case example of the murder of Altecia Kortje and her daughter shows how the justice system is failing (News24, 2020). Other challenges have been noted that cause some of the cases to be delayed (Gender Commission, 2020). For example, the legal practitioners are being forced to work remotely. In terms of police, even prior to the COVID-19 pandemic, literature revealed the patriarchal attitudes of police officers and secondary victimisation to victims of GBV (CSVr, 2016: 15). This did not change amid the COVID-19 pandemic and this also would contribute to the low reported cases as victims stayed away from reporting cases of violence.

EFFORTS TO CURB GENDER-BASED VIOLENCE IN THE TIME OF THE COVID-19 PANDEMIC

The WHO (2020: 2) recommended a combination of legal, societal, and medical measures to reduce the effects of VAW and children during the COVID-19 pandemic. According to the recommendations:

- it is crucial for government and policy makers to include essential services to address VAW and children;
- health care services and facilities must identify and provide information about services available locally for survivors for example, hotlines, shelters, rape crisis centres, and counselling services;
- health providers need to be knowledgeable on the risk and health consequences of VAW and children;
- humanitarian response organisations must include services for women subjected to violence and their children in their COVID-19 response plans and collect data on reported cases of VAW and children; and

- community members should be mindful of the increased risk of VAW and children during the pandemic, be active in supporting those subjected to violence, and be knowledgeable on information about where help for survivors are available (WHO, 2020: 2).

In South Africa, the President Ramaphosa stated in his weekly newsletter that emergency pathways for survivors of GBV have been developed to assist victims including interventions to ensure “lockdown regulations be structured in a manner that a woman can leave her home to report abuse without the fear of a fine, intimidation or further violence” (The Presidency, 2020). Globally, and in South Africa, the pandemic has forced governments to employ various ways to alleviate VAW and children during the COVID-19 pandemic. These ways are explained in the sections below:

Expansion of helpline and information sharing

Helplines and up-to-date information are necessary for preventing and supporting victims of GBV. Helplines provide an integrated social service and act as a first point of contact in most cases. Helplines offer a wide variety of services including crisis intervention, information and advice, counselling, education, referrals and social contact (Gribble, Haisman, Webb, Carswell & MacDonald, 2018: 10). In South Africa, the national gender-based hotline has been widely publicised (Gould, 2020: np). The South African government and civil society have managed to adapt GBV resources to better serve survivors. In particular:

“measures to mobilize virtual resources have been vital to the response, including bolstering 24-hour hotlines for domestic violence and rape crisis, and providing virtual support via Skype, ‘Please call me’ SMS message services, telephone counselling, and other safety-planning services and shelter referrals for survivors” (Adonis & Lopes, 2020: np).

Information about GBV is often shared through awareness campaigns on various platforms including school and community-based initiatives (Lloyd, 2018: 5; Semahegn, Torpey, Manu, Assefa & Ankomah, 2017: 9). Public awareness campaigns are also carried out via television, radio, newspaper, local government websites, brochures and other mass media platforms (WHO, 2010: 89). However, during a pandemic with a stay-at-home order, awareness campaigns become limited and a move to online platforms are seen. The COVID-19 pandemic has brought about new partnerships for sharing information about GBV. For example, UN Women is in partnership with Google and Facebook. They are promoting content and availing material and means to violence survivors. Google has given UN Women 1 million USD for adverts that endorse content on COVID-19 and gender equality, as well as resources on ending VAW (UN Women, 2020(b): np). Tips are provided on Facebook on recognising domestic abuse signs and keeping oneself safe. Twitter launched the #ThereIsHelp campaign in which users are encouraged to send messages of support and let others know that services are open and available to help women experiencing violence (UN Women, 2020(b): np).

For South Africa, initiatives on social media will only reach 47 percent of the population who are active on Facebook and only ten percent who are active Twitter users (StatCounter, 2020). Furthermore, there is a digital divide between urban and rural households, with urban areas showing higher access to the internet (70.5%) in 2017 compared to rural areas (42.9%) (Statistics South Africa, 2019: 120).

The major reliance on the internet to disseminate information on GBV poses two major challenges. First, it demonstrates the existing inequalities faced by women. The adoption of the internet is far slower for women due to cultural and social norms, affordability, as well as lack of education (Organisation for Economic Co-operation and Development (OECD), 2018: 13; Croxson, 2017: 8). Globally, women are on average 26 percent less likely than men to have a smartphone, and in some parts of the world the proportions are much more. In South Asia, 70 percent of women do not have smartphones and in Africa, 34 percent (OECD, 2018: 13). Women's lower levels of smartphones and the internet are distinct barriers to seek help during times of confinement. In addition, the lack of reporting and engagement with helplines also reflect the existing gender digital divide, as many women experience several forms of discrimination and may not have access to technological devices such as mobile phones, computer and access to the internet (UN Women, 2020(b): np).

Secondly, the internet increases the risk for women to other forms of victimisation, such as online bullying, sexual harassment and sex trolling (UN Women, 2020(b): np). For example, the European Union Agency for Fundamental Rights (2015: 104) reported that, "one in 10 women in the European Union face cyber harassment". Despite the mentioned challenges, a number of contact centres were available to support women during lockdown in South Africa, including the LifeLine SA Stop Gender Violence National Helpline, and the National Department of Social Development's Gender-Based Violence Command Centre (GBVCC) (Adonis & Lopes, 2020: np). In addition, a 'please call me' service was made available and social workers in the Command Centre were also reachable through sending an SMS with the word 'Help' for victims of GBV (Adonis & Lopes, 2020: np).

Shelters and safe accommodation for survivors of domestic violence

Shelters are a critical feature for survivors of GBV offering safe haven for women and their children. Shelters provide a safe space for women to make decisions and to begin to rebuild their lives with social, legal and medical assistance readily available (Bennet, Riger Schewe, Howard & Wasco, 2004: 817). As noted earlier, during the COVID 19 pandemic, isolation and stay at-home orders can exacerbate tensions and increase GBV (Azcona, Bhattm Davies, Harman, Smith & Wenham, 2020: 3) therefore, shelters are necessary to protect victims and their children. In many countries, shelters remained open during lockdown. In Canada, the Government of Canada injected Can\$50 million into organisations, such as shelters and organisations serving survivors of sexual assault, providing critical supports and services related to GBV (Status of Women Canada, 2020). Australia, France and the UK also allocated supplementary funds to support women experiencing violence and to organisations providing services (UN Women, 2020(b): np). In France, alternative accommodation for GBV survivors were provided by hotels when GBV shelters exceeded capacity (UN Women, 2020(a): 6). In Trento (Italy), a prosecutor ruled that instead of the victim of GBV having to leave home, the perpetrator must leave the family home (Guedes, Peterman & Deligiorgis, 2020). Similar rulings were absorbed in Austria and Germany.

In South Africa, the Thuthuzela Care Centre a one-stop service for victims of sexual violence at state hospitals remained opened during lockdown. The National Shelter Movement of South Africa came up with a Safety Plan for – for staying safe while enduring an abusive relationship, or when planning to leave, and after leaving – during the lockdown. The Safety Plan (available online) provides important contact information, such as GBV helpline, rape crises centres, shelters and GBV Command Centre; how to reach out for help and to delete browser history on mobile phones, since important information on what to do when planning to leave their abusive homes (National Shelter Movement of South Africa. [sa]: np). However, shelters in South Africa are facing their own shortcomings. There have been outcries and

reports on the lack of funding, which has caused detrimental effects on the functioning of many shelters (News24, 2020). The government has failed to fund organisations, which has placed many organisations under significant unnecessary distress at an exceedingly difficult time. But with the COVID-19 pandemic, it is possible that these challenges have increased.

Expansion of access to services for survivors

Services for survivors of GBV are a fundamental part to prevent violence. Without proper social services and mental health intervention, all forms of abuse can be recurrent and an escalating problem (Almiş, Kütük, Gümüştas & Çelik, 2018: 71). GBV programs have proven to be effective both short- and long-term offering victims supportive counselling, advocacy, skill building and encouragement (Sullivan, 2018: 126; Bennet et al, 2004: 826). It is important for survivors of GBV to access services but during lockdown people are limited to move freely. Other nations have shown innovate ways to ensure women have access to services through online and mobile technology. For example, in Madrid, Spain, an instant messaging service with a geolocation function offers an online chat room that provides immediate psychological support to survivors of violence (UN Women, 2020(a): 6). Reporting to pharmacies occurred in countries such as France, Italy and Spain, where victims used a specific code word to signal to the pharmacies to contact the relevant authorities (Guedes et al, 2020; Kottasová & Di Donato, 2020).

Similarly, in South Africa, the state runs a 24/7 support service, which is offered through the Vodacom Foundation Gender-based Violence Command Centre. The centre connects people to professional social workers to provide counselling, in addition if the user is in imminent danger the geo-location feature can be utilised to inform the police (Vodafone, 2020). Using technology and mobile devices to seek support may be challenging in densely populated townships and informal settlements. The Federation of Unions of South Africa (FEDUSA) appealed to the South African government to increase mobile clinics, for the treatment of victims of GBV in all regions of the country with a distinct focus on vulnerable areas for example heavily populated townships and informal settlements during the pandemic (FEDUSA, 2020: np). The International Commission of Jurists (ICJ) also called on the South African authorities to devise ‘pop-up’ counselling centres in mobile clinics in pharmacies to support women who experience violence (The International Commission of Jurists (ICJ), 2020: np). However, there are no records of this occurring in South Africa.

Limiting risk factors associated with violence

Factors that put women at increased risk of GBV makes it possible to develop strategies to prevent violence. As highlighted before, research shows alcohol to have strong links with GBV (Leonard & Quigley, 2016; WHO, 2006: 2). Co-occurrence of alcohol with cannabis/marijuana (known as ‘dagga’ in South Africa) and hard drugs are also linked to GBV (Flanagan, Leone, Gilmore, McClure & Gray, 2020: 326). Governments have given attention to alcohol as a risk factor of GBV and have taken intensive steps to reduce access to alcohol during the lockdown. Countries such as India, South Africa, Zambia and Botswana amongst others (Diedericks, 2020; Nadkarni, Kapoor & Pathare, 2020: 1) banned the sale of alcohol during lockdown. Some researchers attribute the drop of sexual assault patient numbers to the ban on the sale of alcohol (Reuter, Jenkins, De Jong, Reid & Vonk, 2020: 1). In South Africa, the Minister of Police noted an increase of GBV once the ban on the sale of alcohol was lifted (Grobler, 2020: 1). A Control Prosecutor at the Hillbrow Magistrate’s Court in Johannesburg also noted a drop of GBV statistics during the alcohol ban and an increase when the ban was lifted (Tracey-Temba, 2020: 1).

While this suggest that banning sales of alcohol could be responsible for the reduction on GBV, others suggest that the ban on the sale of alcohol would promote GBV as the frustration of not obtaining alcohol would see individuals acting out, especially when isolated. Arguments around the ban on the sale of alcohol and the link to GBV are preliminary and further research is needed to confirm the observation. What is however, for sure, is that policymakers need to address alcohol policies and its relation to GBV.

Modifications to justice systems

The COVID-19 pandemic has challenged how justice institutions such as the police, courts, and correctional services operate, resulting in long-overdue innovations in some countries (UN Women, International Law Development Organisation (IDLO), United Nations Development Programme (UNDP), United Nations Office on Drugs and Crime (UNODC), World Bank & The Pathfinders, 2020: 15). In Beijing, a court has been making use of online court hearings and ‘cloud visits’ to deal with cases and protect vulnerable survivors such as women and children during the COVID-19 pandemic (Fraser, 2020: 6). In Australia a number of modifications to family law occurred such as enabling online filing of restraining orders and extended limitation period for restraining orders (Guedes et al, 2020). In Argentina, the protection orders were extended to 60 days to address delays in the judicial processes (UN Women, 2020(a): 6).

In South Africa, access to courts during a crisis is regulated under Regulation 10 of the Regulations under the Disaster Management Act, 2002 (Department of Social Development, 2020). According to section 2 of the Act, “entry into the courts and court precincts may only be allowed in respect of urgent and essential matters”. Under section 5 urgent cases include service of domestic violence protection orders, and service of protection from harassment orders. However, beyond the COVID-19 pandemic and lockdown regulations, the operations of courts will face additional challenges, including court backlogs as the postponements of trials become common place. The repercussion will see GBV cases suffer. Existing research shows the challenges faced by the justice system in instituting protection orders (Artz, 2011: 8) and victims lack of faith in the procedure (Vetten, 2014: 6). Post the COVID-19 pandemic can anticipate additional challenges with GBV. The proposed amendment on the Domestic Violence Act, 1998 see a positive extension for victims of domestic violence to apply for a protection order online (Republic of South Africa, 2020). However, the innovative use of technology for GBV seen in various countries undermine women from marginalised backgrounds who do not have access to mobile phones and the internet. This might be the case with South Africa as well.

CONCLUSION

VAW was extremely high in South Africa before the COVID-19 pandemic. Unfortunately, studies on GBV during pandemics and crises suggest an increase in abuse and the severity as well. It is difficult to research on GBV during a pandemic, particularly when it was prevalent previously and is usually concealed and takes many forms. However, this article has tried to foster a discussion on GBV amid the COVID-19 pandemic examining the factors that cause GBV and how these might have been heightened due to steps used to stop the Coronavirus from spreading. The Frustration Aggression Theory has also been used as a scientific base to explain the behaviours of the perpetrators. It is crucial to mention that the factors that have been discussed in this article are fluid and interrelated. It can thus be concluded that the COVID-19 pandemic is a boiling pot for GBV, which has seen most common factors associated with GBV aggravated.

Nevertheless, it is crucial to acknowledge that a blind eye was not turned on this second pandemic, namely: GBV, as reiterated by the South African President, Cyril Ramaphosa. This article has looked at the global efforts that have been implemented to deal with the VAW during the COVID-19 pandemic. The findings have pointed out how several countries have improved their services towards survivors and South Africa. Most of the efforts having to be executed virtually to maintain the social distancing and lockdown measures. Unfortunately, most of the efforts in South Africa are met with the already existing inequalities severely affecting a majority of the vulnerable populations that are susceptible to violence. This has led the authors to conclude that, the South African response to GBV amid the COVID-19 pandemic is flawed, the same way that the fight against GBV has been unfruitful prior to the COVID-19 pandemic, since South Africa still experienced a high number of VAW cases. The efforts are necessary, but a larger population is left out of the system due to underlying factors such as gender inequality, economic inequality and lack of resources and funding. Therefore, it will remain difficult to extinguish the pandemic if these factors are not addressed even in the long run post the COVID-19 pandemic.

RECOMMENDATIONS

Based on the conclusions made above the following recommendations are made for communities, victims, and governments to enhance existing measures for the post-COVID-19 pandemic fight against GBV and in the face of future pandemics:

- Government should prioritise giving funding to GBV organisations and shelters;
- Provide GBV training to disaster responders;
- Disaster response experts, such as in the case of the COVID 19 pandemic for example, WHO health experts, should work in partnership with GBV experts and organisations to appropriate context specific response to GBV;
- Future research on impact of pandemic on women and children should be prioritised;
- The justice system should be improved to prevent future increased vulnerabilities to survivors. This should be done by working with courts officials and police officers to be trained about GBV in an effort to change their knowledge, attitudes and behaviour towards survivors;
- Innovative support service should be designed to accommodate disadvantaged groups; and
- The root causes of GBV should become a permanent agenda rather than prioritising reactive measures.

LIST OF REFERENCES

- Abrahams, N., Jewkes, R., Martin, L.J., Mathews, S., Vetten, L. & Lombard, C. 2009. Mortality of women from intimate partner violence in South Africa: A National Epidemiological Study. *Violence and Victims*, 24(4): 546-556.
- Abramsky, T., Watts, C.H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M. & Heise, L. 2011. What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *Bio-Med Central Public Health*, 10(1): 11-109.
- Acosta, M.L. 2020. Gender-based violence during the pandemic and lockdown. *Spanish Journal of Legal Medicine*, 46(3): 139-145.
-

- Almiş, B.H., Küçük, E.K., Gümüştas, F. & Çelik, M. 2018. Risk factors for domestic violence in women and predictors of development of mental disorders in women. *Arch Neuropsychiatry*, 55(1): 67-72.
- Adelson, R. 2004. Hormones, stress and aggression – a vicious cycle. *American Psychological Association*, 35(10): 18.
- Adonis, N. & Lopes, C. 2020. GBV victims at risk & shelters, COVID-19 lockdown. Press Release, 26 March. Cape Town: Heinrich Böll-Stiftung. Available at: <https://za.boell.org/en/2020/03/26/victims-gbv-are-some-those-most-risk-not-only-coronavirus-during-nationwide-lockdown> (accessed on: 23 November 2020).
- Artz, L. 2011. Fear or failure? Why victims of domestic violence retract from the criminal justice system. *South African Crime Quarterly*, 37: 3-10.
- Azcona, G., Bhatt, A., Davies, S., Harman, S., Smith, J. & Wenham, C. 2020. *Spotlight on gender, COVID-19 and the SDGs: Will the pandemic derail hard-won progress on gender equality?* Available at: <https://www.unwomen.org/en/digital-library/publications/2020/07/spotlight-on-gender-covid-19-and-the-sdgs#view> (accessed on: 7 September 2020).
- Bennet, L., Riger, S., Schewe, P., Howard, A. & Wasco, S. 2004. Effectiveness of hotline, advocacy, counseling, and shelter services for victims of domestic violence: A statewide evaluation. *Journal of Interpersonal Violence*, 19(7): 815-29.
- Campo, M. & Tayton, S. 2015. *Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities*. Canberra: Australian Institute of Family Studies. Available at: <https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-resource-dv-lgbti-2020.pdf> (accessed on: 13 September 2020).
- Centre for the Study of Violence and Reconciliation. 2016. *Gender-Based Violence (GBV) in South Africa: A brief review*. Embassy of Finland. Pretoria.
- Croxson, H. 2017. *Triggering mobile internet use among men and women in South Asia*. United Kingdom: GSMA Connected Women.
- CSVSR see Centre for the Study of Violence and Reconciliation
- Department of Social Development, South Africa. 2020. Directions issued in terms of Regulation 10(5) of the Regulations made under Section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002): Measures to prevent and combat the spread of Covid-19. *Government Gazette*. No. R.430/43191. 30 March.
- Devries, N. 2015. Ebola drives increase in sexual violence in Sierra Leone, experts say. *Al Jazeera America*, 20 February. Available at: <http://america.aljazeera.com/articles/2015/2/20/sex-assault-on-the-rise-in-sierra-leone.html> (accessed on: 10 September 2020).
- Diederick, A.M. 2020. The situation in Southern African countries regarding Covid-19 and alcohol: An overview. *Movendi International*, 19 April. Available at: <https://movendi.ngo/blog/2020/04/19/the-situation-in-southern-african-countries-regarding-covid-19-and-alcohol-an-overview/> (accessed on: 12 September 2020).
- Dolan, C. 2001 Collapsing masculinities and weak states: A case study of Northern Uganda. Unpublished Research Paper.
- Dollard, J., Doob, L., Miller, N., Mowrer, O.H. & Sears, R. 1939. *Frustration and Aggression*. Monograph.
- Dowdall, N., Ward, C.L. & Lund, C. 2017. The association between neighbourhood-level deprivation and depression: evidence from the South African national income dynamics study. *Bio-Med Central Psychiatry*, 17(1): 395. <https://doi.org/10.1186/s12888-017-1561-2>.

- European Union Agency for Fundamental Rights (EUAFR). 2015. *Violence against women: An EU-wide survey*. Italy: Publications Office of the European Union.
- Flanagan, J.C., Leone, R.M., Gilmore, A.K., McClure, E.A. & Gray, K.M. 2020. Association of cannabis use with intimate partner violence among couples with substance misuse. *The American Journal of Addictions*, 29(4): 323-330.
- Fisher, S. 2010. Violence against women and natural disasters: Findings from post-tsunami Sri Lanka. *Violence Against Women*, 16(8): 902-918.
- Fleckinger, A. 2020. The dynamics of secondary victimization: when social workers blame mothers. *Research on Social Work Practice*, 30(5): 515-523.
- Fraser, E. 2020. *Impact of COVID-19 pandemic on violence against women and girls*. Violence against women and girls Helpdesk Research Report No, 284. London, UK: VAWG Helpdesk.
- Gearhart, S., Perez-Patron, M., Hammond, T.A., Goldberg, D.W., Klein, A. & Horney, J.A. 2018. The impact of natural disasters on domestic violence: An analysis of reports of simple assault in Florida (1999-2007). *Violence and Gender*, 5(2): 87-92.
- Gould, C. 2020. Gender-based violence during lockdown: Looking for answers. *ISS Today*, 11 May. Available at: <https://issafrica.org/iss-today/gender-based-violence-during-lockdown-looking-for-answers> (accessed on: 15 September 2020).
- Godin, M. 2020. As cities around the world go on lockdown, victims of domestic violence look for a way out. *Time*. 18 March. Available at: <https://time.com/5803887/coronavirusdomesticviolence-victims/> (accessed on: 15 September 2020).
- Graham-Harrison, E., Giuffrida, A., Smith, H. & Ford, L. 2020. Lockdowns around the world bring rise in domestic violence. *The Guardian*. 28 March. Available at: <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence> (accessed on: 14 September 2020).
- Gribble, A., Haisman, R., Webb, M., Carswell, S. & MacDonald, D. 2018. *What is known about the effectiveness of social sector freephone helplines? Rapid evidence-based literature review*. New Zealand: Social Policy Evaluation and Research Unit.
- Grobler, R. 2020. Lockdown: Spike in murder rate since alcohol sales ban lifted – Bheki Cele. *News24*. 10 June. Available at: <https://www.news24.com/news24/southafrica/news/lockdown-spike-in-murder-rate-since-alcohol-sales-ban-lifted-bheki-cele-20200610> (accessed on: 12 September 2020).
- Guedes, A., Peterman, A. & Deligiorgis, D. 2020. *Five ways governments are responding to violence against women and children during COVID-19*. 8 April. New York: United Nations Children's Fund. Available at: <https://blogs.unicef.org/evidence-for-action/five-ways-governments-are-responding-to-violence-against-women-and-children-during-covid-19/> (accessed on: 9 September 2020).
- Hartford, D. 2020. *Social workers on the frontline during COVID-19*. 7 September. New York: United Nations Children's Fund. Available at: www.unicef.org/southafrica/stories/social-workers-frontline-during-covid-19 (accessed on: 20 November 2020).
- Harrisberg, K. 2020. Murders of South African women surge as 9-week lockdown eases. *Global Citizen*. 23 June. Available at: <https://www.globalcitizen.org/en/content/gender-violence-covid-19-lockdown-south-africa/> (accessed on: 20 November 2020).
- Hunter, M. 2006. Fathers without *amandla*: Zulu-speaking men and fatherhood. (Pp. 99-107). In L. Richter & R. Morrell. (Eds). *Baba: Men and fatherhood in South Africa*. Cape Town: Human Sciences Research Council Press.

- International Commission of Jurist. 2020. South Africa: authorities must work urgently to curb gender-based violence under lockdown. *International Commission of Jurist*. 7 April. Available at: <https://www.icj.org/south-africaauthorities-must-work-urgently-to-curb-gender-based-violence-under-lockdown/> (accessed on: 12 September 2020).
- International Commission of Jurists. 2020. *South Africa: Authorities must work urgently to curb gender-based violence under lockdown*. 7 April. Available at: <https://www.icj.org/south-africa-authorities-must-work-urgently-to-curb-gender-based-violence-under-lockdown/> (accessed on: 12 September 2020).
- International Federation of Red Cross and Red Crescent Societies (IFRC). 2015. *Unseen, unheard: Gender-based violence in disasters. A global study*. Available at: <https://www.ifrc.org/Global/Publications/Gender-and-Diversity/1297700-Gender-based-Violence-in-Disasters-EN-LR.pdf> (accessed on: 12 September 2020).
- Johnson, S., Mahlalela, N.B. & Mills, E. 2017. *Client experience of rape victims accessing governmental post-rape services in South Africa. Making All Voices Count Research Report*. Brighton: IDS.
- Kayz, E. 2019. Coercive control, domestic violence, and a five-factor framework: Five factors that influence closeness, distance, and strain in mother-child relationships. *Violence Against Women*, 25(15): 1829-1853.
- Kottasová, I. & Di Donato, V. 2020. Women are using code words at pharmacies to escape domestic violence during lockdown. *CNN*. 6 April. Available at: <https://edition.cnn.com/2020/04/02/europe/domestic-violence-coronavirus-lockdown-intl/index.html> (accessed on: 12 September 2020).
- Leonard, K.E. & Quigley, B.M. 2016. Thirty years of research show alcohol to be a cause of intimate partner violence: Future research needs to identify who to treat and how to treat them. *Drug and Alcohol Review*, 36: 709.
- Lloyd, M. 2018. Domestic violence and education: Examining the impact of domestic violence on young children, children, and young people and the potential role of schools. *Frontiers in Psychology*, 13 November: 1-6. <https://doi.org/10.3389/fpsyg.2018.02094>
- Maclen, S.J.D. 2020. Why the increase in domestic violence during COVID-19. *Psychology Today*, 9 May. Available at: <https://www.psychologytoday.com/us/blog/making-sense-chaos/202005/why-the-increase-in-domestic-violence-during-covid-19> (accessed on: 22 November 2020).
- Mentovich, A. & Jost, J. 2017. Frustration-aggression hypothesis. Available at: <https://www.britannica.com/science/frustration-aggression-hypothesis> (accessed on: 12 September 2020).
- Msibi, L. 2017. Domestic violence blamed on unemployment. *Health e-News*, 19 January. Available at: <https://health-e.org.za/2017/01/19/domestic-violent-blamed-unemployment/> (accessed on: 8 September 2020).
- Myhill, A. & Hohl, K. 2019. The “Golden Thread”: Coercive control and risk assessment for domestic violence. *Journal of Interpersonal Violence*, 34(21-22): 4477-4497.
- Naidu, E. & Mkhize, N. 2005. Gender-Based Violence: The lesbian and gay experience. *Agenda: Empowering Women for Gender Equity*, (66): 34-38.
- Nadkarni, A., Kapoor, A. & Pathare, S. 2020. COVID-19 and forced alcohol abstinence in India: The dilemmas around ethics and rights. *International Journal of Law and Psychiatry*, 71: 1-6.
- National Shelter Movement of South Africa. [sa]. *Domestic violence safety planning during the time of COVID-19*. Cape Town: Heinrich Böll-Stiftung. Available at: <https://za.boell.org/en/2020/04/14/domestic-violence-safety-planning> (accessed on: 5 September 2020).

- News24. 2020. Lockdown: Gender-based violence call centre receives 120 000 calls in 3 weeks. *News24*. 11 May. Available at: <https://www.news24.com/news24/southafrica/news/lockdown-gender-based-violence-call-centre-receives-120-000-calls-in-3-weeks-20200511> (accessed on: 11 September 2020).
- Nkosi, V., Haman, T., Naicker, N. & Mathee. 2019. Overcrowding and health in two impoverished suburbs of Johannesburg, South Africa. *Bio-Med Central Public Health*, 19:1358. <https://doi.org/10.1186/s12889-019-7665-5>.
- Organisation for Economic Co-operation and Development (OECD). 2018. *Bridging the digital gender divide: Include, upskill, innovate*. [SI]: Organisation for Economic Co-operation and Development. Available at: <http://www.oecd.org/digital/bridging-the-digital-gender-divide.pdf> (accessed on: 20 September 2020).
- Parkinson, D. 2013. The hidden disaster: Domestic violence in the aftermath of natural disaster. *Australian Journal of Emergency Management*, 28(2): 28-55.
- Parry, M.M. & O’Neal, E. N. 2015. Help-seeking behaviour among same-sex intimate partner violence victims: An intersectional argument. *Criminology, Criminal Justice and the Law*, 16(1): 51-67.
- Peterman, A., Bhatia, A. & Guedes, A. 2020. *Remote data collection on violence against women during COVID-19: A conversation with experts on ethics, measurement & research priorities (Part 1)*. 29 May. New York: United Nations Children’s Fund. Available at: <https://www.unicef-irc.org/article/1997-remote-data-collection-on-violence-against-women-during-covid-19-a-conversationwith.html> (accessed on: 5 September 2020).
- Phorano, O., Nthomang, K. & Ntseane, D. 2005. Alcohol abuse, gender-based violence and HIV/AIDS in Botswana: Establishing the link based on empirical evidence. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 2(1): 188-202.
- Renzetti, C.M. 2009. Economic stress and domestic violence. CRVAW Faculty Research Reports and Papers. 1. Lexington, Ky: University of Kentucky, UKnowledge/VAWNet.Org, National Online Resource Center on Violence Against Women. Available at: https://uknowledge.uky.edu/crvaw_reports/1 (accessed on: 9 September 2020).
- Republic of South Africa. 2020. Domestic Violence Amendment Bill. Available at: <https://www.justice.gov.za/legislation/invitations/20200302-DomesticViolenceAmendmentBill.pdf> (accessed on: 13 September 2020).
- Reuter, H., Jenkins, L.S., De Jong, M., Reid, S. & Vonk, M. 2020. Prohibiting alcohol sales during the coronavirus disease 2019 pandemic has positive effects on health services in South Africa. *African Journal of Primary Health Care & Family Medicine*, 12(1): a2528.
- Sahid, J.S. 2015. Sex crimes up amid Ebola outbreak in Sierra Leone. *The New Humanitarian*. 4 February. Available at: <https://www.thenewhumanitarian.org/fr/node/255080> (accessed on: 23 November 2020).
- Semahegn, A., Torpey, K., Manu, A., Assefa, N. & Ankomah, A. 2017. Community based intervention to prevent domestic violence against women in the reproductive age in North western Ethiopia: a protocol for quasi-experimental study. *Reproductive Health*, 14(155): 1-12.
- Sigsworth, R. 2009. *‘Anyone can be a rapist’: An overview of sexual violence in South Africa*. Braamfontein: Centre for the Study of Violence and Reconciliation.
- Stark, E. 2013. The dangers of dangerousness assessment. *Family & Intimate Partner Violence Quarterly*, 6(2): 13-22.

- StatCounter. 2020. *Social media stats South Africa*. Available at: <https://gs.statcounter.com/social-media-stats/all/south-africa> (accessed on: 11 September 2020).
- Statistics South Africa. 2019. *Inequality trends in South Africa: A multidimensional diagnostic of inequality / Statistics South Africa*. Pretoria: StatsSA.
- Statistics South Africa. 2020. *Decline in formal sector employment*. Pretoria: StatsSA
- Status of Women Canada. 2020. *Supporting women and children fleeing violence during COVID-19*. Available at: <https://cfc-swc.gc.ca/fun-fin/shelters-refuges-en.html> (accessed on: 9 September 2020).
- Stone, K. & Lopes, C. 2018. *Policing responses to domestic violence: exploring reactions by the police to women in need of shelter*. Research Paper. October. Cape Town: Heinrich Böll-Stiftung. Available at: https://za.boell.org/sites/default/files/hbf_saps_research_paper_web_1.pdf (accessed on: 20 September 2020).
- South African Police Service. 2020. *Update on the levels of compliance and adherence to the COVID-19 lockdown regulations in the country*. Available at: <https://www.saps.gov.za/newsroom/msspeechdetail.php?nid=25968> (accessed on: 11 September 2020).
- Sullivan, C.M. 2018. Understanding how domestic violence support services promote survivor well-being: A conceptual model. *Journal of Family Violence*, 33: 123-131.
- The Presidency. 2020. *President Cyril Ramaphosa: South Africa's response to Coronavirus COVID-19 pandemic*. Available at: <https://www.gov.za/speeches/president-cyril-ramaphosa-south-africas-response-coronavirus-covid-19-pandemic-13-may-2020> (accessed on: 20 November 2020).
- Tracey-Temba, L. 2020. *Police and courts must do more to reduce gender-based violence*. Press Release. *ReliefWeb*, 13 July. Available at: <https://reliefweb.int/report/south-africa/police-and-courts-must-do-more-reduce-gender-based-violence> (accessed on: 13 September 2020).
- United Nations Children's Fund (UNICEF). 2020. *COVID-19 causes disruptions to child protection services in more than 100 countries, UNICEF survey finds*. New York: United Nations Children's Fund. Available at: <https://www.unicef.org/pressreleases/covid19causesdisruptions-child-protection-services-more-100-countries-unicef> (accessed on: 20 November 2020).
- UN Women, 2020(a). *COVID-19 and ending violence against women and girls*. April. New York: UN Women. Available at: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf> (accessed on: 9 September 2020).
- UN Women. 2020(b). *Tech giants partner with UN Women to provide life-saving information to survivors of domestic violence during COVID-19*. Press Release, 24 June. New York: UN Women. Available at: <https://www.unwomen.org/en/news/stories/2020/6/news-tech-giants-provide-life-saving-information-during-covid-19> (accessed on: 10 September 2020).
- UN Women, International Law Development Organisation (IDLO), United Nations Development Programme (UNDP), United Nations Office on Drugs and Crime (UNODC), World Bank & The Pathfinders. 2020. *Justice for Women Amidst COVID-19*. New York: UN Women / International Law Development Organisation / UNDP / United Nations Office on Drugs and Crime / World Bank and The Pathfinders.

- United Nations Fund for Population Activities (UNFPA). 2020. *Impact of COVID-19 Pandemic on family planning and ending violence, female genital mutilation and child marriage*. Interim Technical Note, 27 April. New York: United Nations Fund for Population Activities. Contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia). Available at: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital> (accessed on: 20 November 2020).
- Valerio, K.A. 2014. Storm of violence, surge of struggle: Women in the aftermath of Typhoon Haiyan (Yolanda). *Asian Journal of Women's Studies*, 20(1): 148-163.
- Vetten, L. 2005. "Show me the money": A review of budgets allocated towards the implementation of South Africa's Domestic Violence Act. *Politikon: South African Journal of Political Studies*, 32(2): 277-295.
- Vetten, L. 2014. *Domestic violence in South Africa*. Policy Brief 71. Pretoria: Institute for Security Studies.
- Vodafone. 2020. *Domestic violence and abuse: providing support during COVID-19 isolation*. Available at: <https://www.vodafone.com/covid19/news/domestic-violence-abuse-providing-support-during-isolation> (accessed on: 10 September 2020).
- Yu, R., Nevado-Holgado, A.J., Molero, Y., D'Onofrio, B.M., Larsson, H., Howard, L.M. & Fazel, S. 2019. Mental disorders and intimate partner violence perpetrated by men towards women: A Swedish population-based longitudinal study. *PLOS Medicine*, 16(12): e1002995. <https://doi.org/10.1371/journal.pmed.1002995>.
- World Health Organisation (WHO). 2006. *Intimate partner violence and alcohol*. Geneva: World Health Organisation.
- World Health Organisation (WHO). 2010. *Violence prevention: The evidence*. Malta: World Health Organisation.
- World Health Organisation (WHO). 2012. *Understanding and addressing violence against women*. Geneva: World Health Organisation. Available at: https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf (accessed on: 13 September 2020).
- World Health Organisation (WHO). 2017. *Violence against women*. Geneva: World Health Organisation. Available at <https://www.who.int/newsroom/fact-sheets/detail/violence-against-women> (accessed on: 10 September 2020).
- World Health Organisation. 2020. *COVID-19 and violence against women: What the health sector/system can do*. Geneva: World Health Organisation. Available at: <https://www.who.int/reproductivehealth/publications/vaw-covid-19/en/> (accessed on: 9 September 2020).