

COVID-19 Lockdown: A Fertile Ground for Gender-Based Violence in South Africa

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Abstract: Gender-based violence (GBV) has always been an issue of concern in South Africa and Globally. This problem of gender-based violence is currently exacerbated due to the lockdown restrictions. Women and children are targets for Covid-19 related frustrations as gender-based violence reports increase during the lockdown period. Across the country, civil society groups, gender-based violence advocacy organisations, religious groups, and other social justice groups have reported an increase in incidences related to violence against women and children and heightened demand for emergency shelters. Moreover, at the beginning of June 2020, Nehawu mentioned that reports suggested that the number of gender-based violence cases had risen by 500 per cent since the start of the Covid-19 lockdown. Employing the literature review, the paper elaborates on the nature of gender-based violence reported in South Africa and further highlights how gender-based violence has increased during the lockdown period. In this paper, I use the social dominance theory to understand the escalation of gender-based violence when people ought to be focusing on curbing the spread of the COVID-19 pandemic. Observing COVID-19 protocols and encouraging one another to adhere to protocols in the endeavour to reduce the spread of the pandemic ought to be the focus of everyone irrespective of their gender. The suggestions on how to eliminate the scourge of gender-based violence with the advent of the COVID-19 are herein presented.

Keywords: Women, children, gender norms, dominance theory, hegemonic group.

INTRODUCTION AND BACKGROUND

COVID-19 became an issue of great concern in March 2020. Owing to the speed and scale of transmission, the World Health Organization (WHO) declared the outbreak of a novel coronavirus disease, COVID-19, to be a pandemic. It was then that WHO and the public health authorities globally embarked on measures to contain the spread of COVID-19 [1]. Lockdown is one of the actions to contain COVID-19 that was taken by the different governments in the whole world. Accompanying lockdown were other measures such as social distancing, washing hands with soap for at least 60 seconds, wearing face masks, and hand sanitizing [2-6]. These measures have been critical to combat the novel COVID-19 pandemic.

Interestingly, authors such as Chukwueke [7] posit that the lockdown actions meant to protect humanity from the killer pandemic had severe side effects. He highlights that besides the horrendous economic impact, "less noticed is the particular harm inflicted on one demographic – women" [7]. This side effect of Gender-Based Violence (GBV) comes at a time when gender-based violence is of great concern worldwide. Researchers [8] have shown the seriousness of the scourge:

'Globally, gender-based violence (GBV) is widespread. It is estimated that, worldwide, 30% of ever-partnered women aged 15 years and older have experienced physical and/or sexual intimate partner violence (IPV) in their lifetime, with regional rates ranging from 16.3% in East Asia to 65.64% in Central Sub-Saharan Africa.'

United Nations (UN) conventions and the Millennium Development Goals (MDGs) were seriously considered by all countries. Nonetheless, much still has to be done in this regard. Peacock and Barke [9] aptly show that this pervasive scourge of GBV has been encouraged by:

'...rigid gender norms and harmful perceptions of what it means to be a man or a woman, encourage men to engage in high-risk behaviours, condone gender-based violence, grant men the power to initiate and dictate the terms of sex, and make it difficult for women to protect themselves from either human immunodeficiency virus (HIV) or violence and to seek health services.'

Therefore, GBV that is prevalent during COVID-19 lockdown plays itself out in the context where GBV is already a global and catastrophic occurrence. South Africa was rated high in GBV in the world before the

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COVID-19 pandemic. According to Chukwueke [7] and Ellis [10] “a South African woman is murdered every three hours on average, with many assaulted and raped before their demise”. Chukwueke [7] continues to lament that the South African government declared gender-based violence and femicide a national crisis in September 2019. It was horrifying that in South Africa, 148 people had been arrested and charged with crimes relating to Gender-Based Violence, and over 2,000 complaints of GBV were presented to the South African Police Service in first seven days of the lockdown [7]. It is even more devastating than specific populations, such as women and children with disabilities, maybe impacted more significantly by COVID-19. This effect of GBV can be alleviated if key stakeholders take simple actions and protective measures.

GBV has been a significant challenge in South Africa during lockdown such that across the country, civil society groups, gender-based violence advocacy organisations and other social justice groups have reported an increase of occurrences related to violence against women and children and heightened demand for emergency shelters [11]. The South African President Cyril Ramaphosa, in a televised speech to the nation, said: “It is deeply disturbing that the spike in crimes against women and children has coincided with the easing of the coronavirus lockdown,” Ramaphosa went further to call GBV a ‘second pandemic’ [12].

Staying at home during lockdown has resulted in a global stay at home directive. According to WIN & DIVERSITIES [34], domestic violence kept exponentially increasing and faster than the COVID – 19 in lockdown. This has been the case globally as per media reports and government announcements [6]. It is also more of a challenge because most of the GBV occurs at home, and the perpetrators are primarily known to the victims. However, for victims and survivors of domestic violence, including children and the disabled exposed to it, being home was not a safe option. The other devastating fact is that family members and not strangers perpetuate GBV. As Lefafa [13] puts it:

‘An unusual number of teenagers who were raped by uncles and cousins have also been brought to me by the police. It is really sad because these are the people who are supposed to be taking care of these kids, but instead, they are hurting them.’

The unique anxiety of coronavirus disease and the fear of contracting it has made homes to be unsafe where violence may not have been an issue previously. Staying at home has placed additional stress on family relationships and has made existing negative situations worse [6]. This is a sad reality that accompanied lockdown. Furthermore, it calls for unique alternative ways to tackle the spread of the COVID-19 pandemic. For this reason, some bishops in South Africa believe that the if government together with other stakeholders such as the business sector and civil society groups could provide money, and comply with stringent physical and social distancing measures to fight COVID-19, then they can use a comparable “aggressive and holistic approach in the fight against gender-based violence and femicide” [14].

This article seeks to elucidate on GBV that took place and is still taking place in South Africa during the lockdown. Employing a literature review, the article elaborates on the nature of gender-based violence reported in South Africa and further highlights how gender-based violence has increased during the lockdown. The incidents and the nature of the violence are discussed as per literature, news and websites. The social dominance theory and the four bases of gendered power are used to understand the escalation of gender-based violence when people ought to be focusing on curbing the spread of the Covid-19 pandemic. The theory sheds light on how GBV can be eliminated. The following section focuses on the Social Dominance Theory.

SOCIAL DOMINANCE THEORY /SOCIAL IDENTITY THEORY

Dominance theory supports inequalities and differential treatment of social groups. Societies then generate ideologies to legitimise the social inequality and social mistreatment of marginalised social groups that prevail across cultures and time [15]. These authors [15] further maintain that the ideologies are seen as “truth” such that the dominant group mistook the myths for the truth. Sidanius, Pratto, Van Laar, and Levin [16] further mention that social dominance theory focuses on individual and structural factors contributing to various forms of group-based oppression. Besides, Pratto and Stewart [17] purport that the dominant structures make a philosophy that strengthens social dominance, creates intergroup oppression, discrimination and support prejudice.

The Social Dominance Theory (SDT) preserves intergroup relations of group-based social hierarchies.

In this case, institutional discrimination aggregated individual discrimination, and behavioural asymmetry/irregularity are the three intergroup behaviours observed [16]. The hierarchies are structured according to age wherein adults have more power and higher status than children. The second structure is sex, wherein men have more power and higher status than women. Lastly is the arbitrary-set, which are group-based hierarchies that are culturally defined and do not necessarily exist in all societies [16]. Arbitrary-set hierarchies can be based on race, ethnicity, religion and nationality.

The SDT represents an endorsement of and preference for social hierarchies and, embedded in this, a belief system that places greater value on the lives of individuals who hold dominant and privileged identities [18]. Thus, the theory suggests that widely shared cultural ideologies provide the moral and intellectual justification for these intergroup behaviours. However, different societies and cultures as well as individuals, experience the inequalities differently [17].

GENDER-BASED VIOLENCE AND DISABILITY

Many people with disabilities have specific chronic conditions and disabilities that make the coronavirus more dangerous for them [18].

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) has expressed that women and girls with disabilities are prone to numerous forms of discrimination. The emergence of COVID-19 brought to light the inconsistent negative bearing that women and girls with disabilities experience during the coronavirus period [19].

It is hard for everyday people to stay at home to curb the spread of Covid-19. It is even more challenging for those with physical and mental health disabilities [19]. People with disabilities need more support during COVID-19 lockdown. When schools were closed, learners had to learn at home on the internet or use their books. Many children with disabilities might have been left out of learning. Human Rights Watch – 1 [20] indicate that for the disabled learners, “The lessons might be hard for children with disabilities to understand; Children with disabilities might not have the internet or know how to use it”.

As mentioned in the previous paragraphs, women and girls with and without disabilities are prone to GBV during COVID-19 lockdown. A disability-inclusive

COVID-19 response (2020) shows how “protection risks for women and girls with disabilities are further increased due to disruption of pre-existing protection mechanisms and crucial services such as family planning, child and maternal health and sexual and reproductive health care services, legal assistance and counselling services (ibid).

Typically, 15% of the world’s population comprise persons with disabilities. Many of them are poor with lower levels of education [19]. Such disparities heightened for women and girls with disabilities, heightening their vulnerabilities during COVID-19 lockdown.

COVID-19 has a disproportionate impact on psychiatric institutions, social care institutions (orphanages, day-care centres, rehabilitation centres) and institutions for older persons, resulting in high infection rates and death rates. Institutionalised persons with disabilities face a heightened risk of contracting COVID-19 due to underlying health conditions, difficulty in enforcing social distancing amongst residents and staff, and abandonment by staff. Persons with disabilities living in institutions also face more significant risks of human rights violations such as neglect, restraint, isolation and violence.

It is essential to show the connection between disability and gender-based violence because disability discrimination has rendered some GBV forms against women with disabilities invisible [21]. Moreover, according to Dunkle, van der Heijden, Stern and Chirwa [21]. “The relationship between disability and violence is reciprocal. Women and girls with disabilities are at increased risk of experiencing violence, while violence itself can lead to new or more severe disability”. In some cases, violence perpetrated on women and girls with disabilities may worsen a pre-existing disability.

GENDER-BASED VIOLENCE DURING LOCKDOWN IN SOUTH AFRICA

According to Dunkle, van der Heijden, Stern and Chirwa [21], “gender-based violence refers to violence that targets individuals or groups based on their gender. It expresses the power inequality between genders and how women and girls are perceived in their societies. Gender-based violence fuels gender inequality by keeping women and girls subordinate and under the control of men”. Gender-based violence (GBV) has to do with the violation of human rights

resulting in all forms of violence based on gender relations. In turn, this can occur anywhere. It includes physical harm, sexual acts, emotional/psychological abuse and economic deprivation [22].

Announcements about the rise of GBV were made since lockdown started by the South African president Cyril Ramaphosa. The media and different social media platforms lamented on the scourge of GBV that is pervasive in South Africa. This article used articles that have been written since the declaration of the national state of disaster in March 2020. Several research articles and thirteen articles from the different websites were retrieved and analysed in order to identify the extent and nature of GBV taking place in South Africa during COVID-19 lockdown. These are from March 2020 to September 2020. In these articles, different kinds of GBV are presented. The kinds of GBV vary and include murder, sexual harassment, assault, and domestic violence.

Murder of Women and Children

Of all the reported cases, murder dominated the articles reviewed. Their partners/husbands killed women. This was evident in an article written by Monama [8] in May 2020, where he reported on four women who were murdered by their husbands. The Minister of the Police, Bheki Cele, in his media briefing on Jun 9, 2020, at the Jabulani hostel in Soweto expressed concern about the murders of women and girls, which became more evident at the beginning of Alert Level 3 lockdown. In his address in June, the minister expressed his concern about the murders that took place between March and May 2020 [8]. Of the people who were killed, Bheki Cele spoke about two women who were brutally murdered in Cape Town and Johannesburg. The killings happened in the last week of May 2020 and the first week of June 2020. Naledi Phangindawo, 25, was allegedly heinously hacked to death by a man close to her. He further indicated that during that period, police were averaging between 20 and 30 murder cases a day.

The three young women's death sparked a great uproar in the community, and there were protests against GBV during the lockdown. The three young women were reported to be pregnant Tshagofatso Pule, 28, found hanging from a tree, Naledi Phangindawo, 25, who was stabbed, and Sanele Mfaba who was dumped next to a tree in Soweto township [6, 12, 23, 24]. Their male partners killed all these women. Further, Crabtree [25] and Egwu [12]

reported on 27-year-old Altecia Kortjie and her 7-year-old daughter Raynevia who was found dead. The police who found their bodies confirmed that a 28-year-old man known to the victims had been arrested in connection to their murders [12]. The most disturbing news was that Crabtree [25] and Huaxia [26] further expressed that twenty-one women and children had been murdered in June 2020. President Cyril Ramaphosa also reiterated the very same number of deaths when he addressed the country on Covid-19 infections, the further opening of the economy and the scourge of gender-based violence on Jun 17 2020 [10].

More killings of women were reported by Harrisberg [24]. These murders included two young women shot dead in KwaZulu-Natal Province and an Eastern Cape woman who was believed to have been the victim of a mob killing. On Jun 20 2020, it was also reported [12] that Amahle Quku's bruised body was found in the street in Browns Farm, Philippi, a large semi-urban area in Cape Town. Her clothes had been ripped off, and she had been raped and murdered. In connection with her murder, the police took a 25-year-old man, Leonard Mzingeli, into custody.

Sexual Harassment and Domestic Violence

Women and girls were reported to have been raped by close male friends. For example, according to Monama [8] in Vosman, near Witbank, an 18-year-old woman was allegedly raped by a man, 31, who was believed to be a friend. Other cases reported in local media in the first week of June 2020 included an older woman who was raped [24]. The other disturbing reports were those of children and teenagers who were raped and abused by close family members [27]. No doubt, these reports are an indication that GBV is indeed a pandemic as expressed by President Cyril Ramaphosa.

It was also evident that some of the GBV acts were committed within the women's homes' confines by their partners and husbands, while the men with whom they were in a relationship [24, 27] abused some women. Domestic violence was on the rise to a point whereby mid-April, in Tshwane alone, the call centre received between 500 and 1,000 calls a day [28]. Further, Vodacom's support call centres saw a 65% increase in calls "from women and children confined in their homes seeking urgent help" after the lockdown began [28]. Indeed, there was an increase in domestic violence during the lockdown.

UNDERSTANDING THE RISE OF GBV THROUGH DOMINANCE THEORY

Violence is a display of dominance. Some social identity groups hold a disproportionate amount of social, cultural, and economic power in most societies, while other groups hold little power. In a South African context, examples of this power are evident around issues of gender, sexism and ability/disability. In this case, men apply social dominance over women experiencing a lack of social, cultural, and economic power. The same applies to non-disabled individuals exerting social dominance, and people with disabilities having a dearth of social, cultural, and economic power.

According to Kattari [11], the Social dominance theory contends that all societies have systems based on social identity group-based hierarchies. Kattari [11] continues to argue that “within these hierarchies, at least one social identity group holds dominance (with this privilege being unearned) over others, and at least one social identity group occupies a subordinate position” [16, 29, 30]. GBV exhibits the same with men being privileged, while women are the subordinate group.

While it is crucial to mention that social dominance theory concedes that dominance and oppression take place through identities such as sex, gender, age, race, orientation, class, ability, nationality, it does not show that there can be intersections of these identities. Therefore, according to Kattari [11] “a new direction for social dominance theory to continue its adaptive approach is for it to examine how belonging to multiple subordinate groups can affect someone’s experience of social dominance or how being part of both socially dominant and socially subordinate groups, as a man of colour or a heterosexual person with disabilities”. In this article, it is crucial to consider multiple identities and how they intersect.

According to Islam [31] SDT “is a combination of political conservatism, prejudice, a belief in meritocracy, and the assumption of the inferiority of marginalised groups leading to the formations of persistent ideological myths. Sidanius and Pratto [29] term these myths “legitimising myths.” These myths become codified and institutionalised and serve to convince people that existing structures of inequality are just and desirable, despite their unequal outcomes concerning low-status groups.

Both the hegemonic group at the top and negative reference groups at the bottom internalise ideological

structures in individual attitudes and beliefs. Some authors distinguish SDT from other theories of ideology and make SDT more amenable to psychological research [32]. Although internalised beliefs are of more advantage to the hegemonic group, their internalisation by negative reference groups also serves to prevent such groups from engaging in social action to prevent prejudice and inequality [31].

Consistent with the observation that males tend to be more dominant than females in patriarchal societies, SDT predicts that everything else being equal, males will tend to have a higher SDO score. This “invariance hypothesis” predicts that males will tend to function as hierarchy enforces, that is, they will carry out acts of discrimination such as the systematic terror by police officers and the extreme example of death squads and concentration camp. This is supported by a demonstrated correlation between SDO scores and preference for occupations such as criminal prosecutors and police officers as opposed to hierarchy attenuating professions such as social workers, human rights advocates or health care workers. STD also predicts that males who carry out violent acts have been predisposed to conditioning called prepared learning [18].

It is interesting to observe that lockdown, which was meant to curb the spread of the deadly COVID-19, had unintended consequences. In the reports, speculations are made as to what could be the cause of the rise in GBV. For example, one of the reasons stated by the government for the rise in GBV and, in particular, domestic violence was the abuse of alcohol. Violence was significantly decreased when alcohol was banned, and it became worse when alcohol was unbanned. To this effect, the South African President, Cyril Ramaphosa, also stressed that the country needs to take another look at its alcohol policy [12].

COVID-19 is exacerbating challenges faced by victims of gender-based violence as they cannot access justice because of lockdown. Although the country is now on Alert Level 3, the victims could not access justice in the beginning. Another reason reported by Mlambo-Ngcuka was the tensions caused by confinement [33]. Moreover, rural women are in remote areas, and it is difficult for them to get help: they are afraid of not being believed, and lastly, they fear secondary victimisation from the perpetrators, especially if they are financially dependent on the perpetrator [6]. The dominance theory emphasises that both the hegemonic and negative reference groups’

ideological structures in individual attitudes and beliefs and such internalisation by negative reference groups also prevent such groups from engaging in social action to prevent prejudice and inequality [31].

The police force makes it difficult for women to get help after violence. According to Tracey-Temba [6], domestic violence research shows that some police stations do not adequately respond to victims. Some still lack dedicated and trained personnel to attend such matters and give victims legally correct information and other support. Women reported to the African National Congress Member of Parliament, Claudia Ndaba, during the lockdown and described how they were victimised and humiliated by some police officers [6]. Indeed, according to SDT, social hierarchies place greater value on the lives of individuals who hold dominant and privileged identities [29]. As part of the dominant structure, the police have made an ideology that strengthens social dominance, creates intergroup oppression, discrimination and supports prejudice [17]. However, it cannot be a definite generalisation as individuals experience the inequalities, dominance and oppression differently [17].

One of the causes of GBV that emerged in the literature reviewed was patriarchy. Egwu [12] expresses that South African men often hold patriarchal views about women, seeing them as inferior. In a country with dramatic crime rates, women fear a lack of social equality and their safety. As per SDT, widely shared cultural ideologies provide the moral and intellectual justification for this intergroup behaviours [29]. Therefore, it becomes typical for these men, as a dominant group, to be part of the hierarchy of sex which endorses that men have more power and higher status than women (ibid). Besides, the high rate of unemployment and economic inequality, especially in the post-pandemic era, have created a tinderbox for domestic violence.

CONCLUSIONS AND RECOMMENDATIONS

The pandemic has led to innovations in other parts of the world, and South Africa could learn from these. In India, police are following up telephonically with those who have previously reported GBV. In France and Spain, early-warning systems in shopping centres and pharmacies enable domestic violence victims to get help by using code words such as 'Mask 19', and access counselling and help when reporting. In Columbia, courts have automatically extended protection orders that were due to expire.

The United Nations Office on Drugs and Crime has identified other innovations such as special hearings and mobile courts that deal exclusively with gender-based violence cases. It also uses social media to publish messages on how the criminal justice system responds to such violence during COVID-19.

South Africa should take heed of these initiatives and start implementing those that can be adapted to local situations. At least then the pandemic will have resulted in some positive outcomes for gender-based violence survivors' ability to access justice.

Additional considerations are needed for people with disabilities during the COVID-19 outbreak. Actions need to be taken to ensure that people with disabilities can access the health care services and public health information they require, including during the COVID-19 outbreak.

Article 11 of the CRPD establishes that the States Parties shall adopt, in accordance with their responsibilities under international law, and specifically international humanitarian law and international human rights law, all necessary measures to guarantee the safety and protection of persons with disabilities in situations of risk and humanitarian emergencies.

The 2030 Sustainable Development Agenda sets the goal of achieving gender equality and empowering all women and girls, which undoubtedly involves women and girls with disabilities. In the pandemic context, it is important to link the objective as mentioned above with the goals that emphasise the response to possible epidemics. This is especially by achieving universal access to health and universal health coverage that ensures access to goods, services, facilities, medicines and vaccines. As well as always respecting their legal capacity to make their own decisions with the necessary support when requested. Lastly, promoting the well-being and mental health, and reinforcing in all countries the reduction and prevention of health-related risks.

Through their representative organisations, women and girls with disabilities ought to be consulted and continuously and actively involved in the planning, implementation and monitoring of prevention and containment measures of COVID-19, providing a participatory and inclusive response to the pandemic. The same ought to be applied for the participation and inclusion of older women through their representative organisations. The experience of women and girls with

disabilities, as well as older women, in the face of the COVID-19 pandemic, make it essential and urgent that the Beijing + 25 activities projected for the year 2021 and the campaign of the Generation Equality Forum, give priority to the effective participation of women and girls with disabilities and older women in its various phases and activities.

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