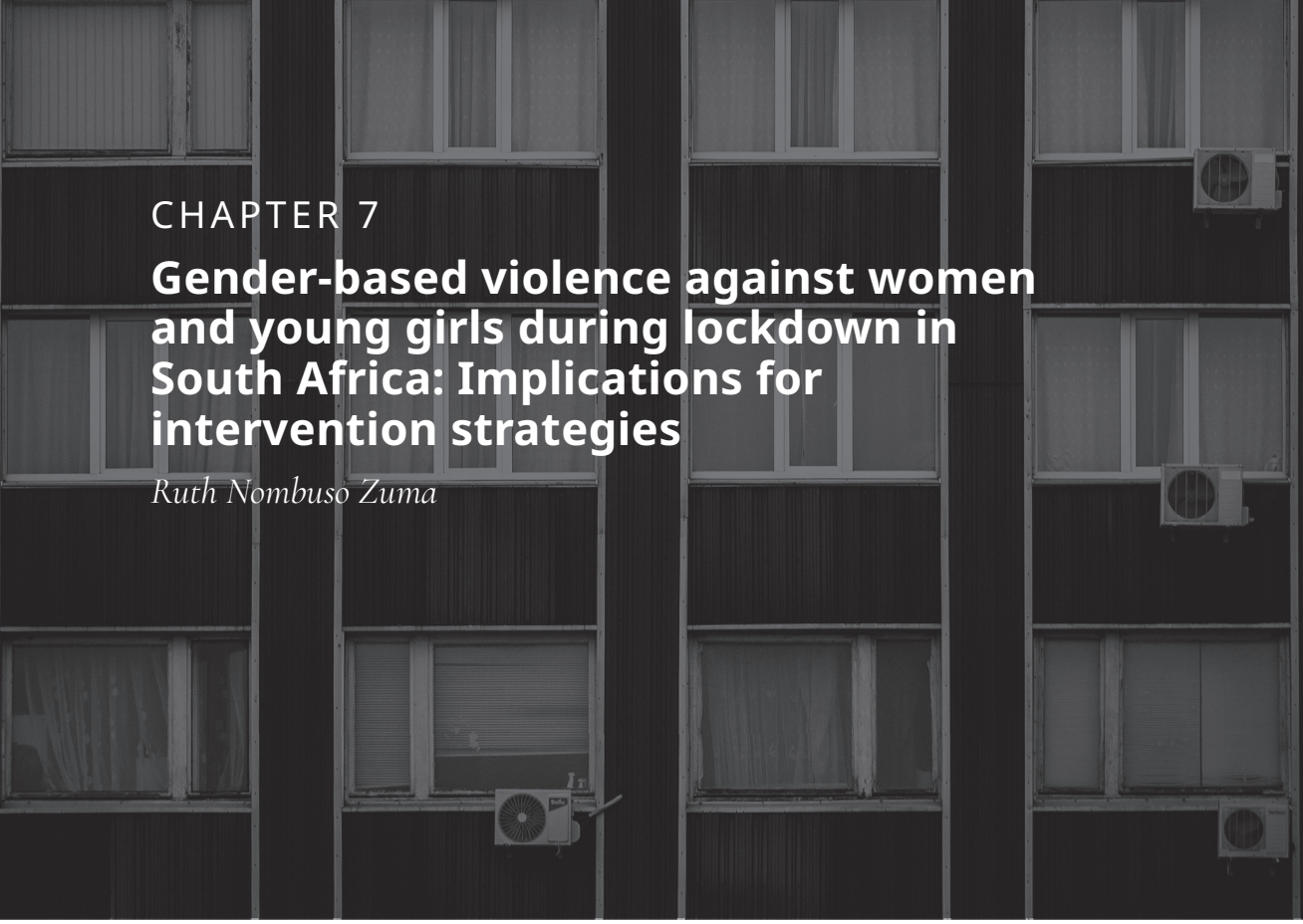

CHAPTER 7

Gender-based violence against women and young girls during lockdown in South Africa: Implications for intervention strategies

Ruth Nombuso Zuma

Introduction

Scholars observe that violence against women is amongst the world's most pervasive health and global human rights violations (Tholaine & Calvino, 2021). The onset of COVID-19 and the subsequent total shutdown of countries coincided with a rise in reported cases of violence against women and young girls, whose precarious conditions were exacerbated by lockdown restrictions that made accessing help and support for them almost impossible. Although this kind of violence against women and girls is not peculiar in countries all over the world, the lockdowns made women and girls more vulnerable to victimisation. This further widened the gender disparity gap, indicating clearly that achieving United Nations Sustainable Development Goal 5 remains elusive. Goal 5 of the SDGs aims to achieve gender equality and the empowerment of all women and girls. Despite this aspiration, women all over the world share similar experiences of sexual violence, domestic violence, harmful cultural practices, and violence in relation to maternal healthcare and reproductive rights (Naidoo, 2018; Tholaine & Calvino, 2021). Violence against

women is entrenched in the social, religious, institutional and moral fibres of society (Tholaine & Calvino, 2021), and South Africa's experiences of violence against women are testament to this claim.

Reports indicate that, globally, one in two women is projected to experience some form of violence during her lifetime (Naidoo, 2018). Moreover, underreporting of GBV cases is rife, thus making information inconclusive. Cases of violence against women and children happen everywhere in our communities, yet not all are reported. Some communities lack knowledge of interventions to seek when they experience GBV; then again, victims of violence are afraid to speak up due to societal perception, traditional and religious stances on GBV (e.g. regarding violence between family members as a private matter), stigma attached to reporting any form of GBV, fear of judgement, threats by perpetrators, female (financial, material, social) dependency on male counterparts and a number of related factors. Furthermore, other communities do not have structures, such as community-based organisations (CBOs), to help victims of GBV, other than law enforcement agencies, whose primary concern is crime control, often resulting in GBV being treated as a private family matter. Even though such circumstances existed prior to the emergence of the COVID-19 pandemic, the lockdown laws further deepened the plight of affected women and girls.

Intervention is crucial in GBV cases, particularly through providing assistance to victims, including rehabilitation and education programmes. The persistence of GBV in our communities and the failure to curb it imply a misfit between policies that address GBV and intervention strategies; this gap needs scrutiny and addressing. The global community urgently needs to assess the efficiency and effectiveness of the measures in place to eradicate GBV. When governments empower women with the knowledge and skills to be self-reliant and vigilant against potential threats, they will have advanced the fight to eradicate the scourge of GBV.

Locating gender-based violence

GBV is a problem that transcends racial, cultural, religious, geographical, and economic borders, and it is the most widespread form of abuse ever known to humankind (Tholaine & Calvino, 2021). It is argued that even though GBV affects everyone, it is women and girls and those identifying as non-binary who get hurt daily (Svensson, 2019). Svensson (2019) also warns researchers to be cautious of such narrow conceptions, as they can create the impression that these groups are always victims and that men are always perpetrators. South

Africa's constitution and its various laws have adopted policies aimed at protecting and promoting women's rights. However, it is among the countries that experience the highest rates of GBV (Tholaine & Calvino, 2021). In its bid to address the scourge of GBV, South Africa targets Goal 5 of the SDGs, hoping to eliminate all forms of violence against women and girls in the public and private spheres, including human trafficking, sexual, and other types of exploitation. Yet, whilst the 2030 SDG deadline draws ever closer, we are far from achieving this objective as a country. GBV is unacceptably high, and its consequences are gruesome, unreasonably affect women and can lead to femicide. Violence directed at women and girls is rooted within the patriarchal structures in the fabric of most societies (Svensson, 2019).

The lockdown tenure reinvigorated the sense of urgency of GBV and awareness of women and girls' vulnerability to this kind of harm as it directly relates to policy implementation, assessment and evaluation by governments and their departments. But what exactly does GBV entail? Put simply, gender-based violence (GBV) is violence directed at people because of their gender. There is no standard definition for GBV in South Africa. This may be one of the shortcomings of and reasons why countries that ratified global declarations and were party to conventions to eradicate this issue still face a high rise in violent cases against women and girls. Bhardwaj & Sawhney (2025) maintain that GBV is violence targeted at individuals based on their sex, gender identity or whether they are seen to challenge gender norms. Similarly, Article 1 of the African Charter Women's Protocol defines violence against women as all actions directed at women that cause or may cause physical, sexual, psychological, or economic harm — including threats of such actions — or that impose arbitrary restrictions or deprive them of fundamental freedoms in public or private life, including during armed conflict or war (Viljoen, 2009). The current chapter adopts the definition by the United Nations (UN) which defines GBV as violence directed against a person based on their sex or gender and includes acts that inflict emotional, physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty (World Health Organization & Key Centre for Women's Health in Society, 2009).

Many women all over the world were left with no safe place to live or turn to when the ever-looming threat of GBV collided with the sudden emergence of the COVID-19 pandemic and the subsequent lockdown. It was widely acknowledged long before the pandemic's onset that in most of the world, no place is less safe for a woman than her own home (Klugman, 2017). Some research maintains that national violence studies demonstrate that up to 70%

of women have experienced violence from an intimate partner, exceeding seven hundred million women worldwide (Klugman, 2017). Yet, about forty-nine countries globally do not have legislation on domestic violence (Klugman, 2017). In South Asia, regional rates of violence perpetrated by intimate partners rose to 43% (Solotaroff & Pande, 2014). It is imperative to note that the national legislations of different countries address violence against women in diverse ways. For example, although India has laws against domestic violence, it still has no legal prohibition against marital rape, rendering it ineffective on issues of coerced sex.

Globally, GBV bears common elements that abuse, discriminate against, and further deprive women and girls of their human rights. In 1979 the United Nations adopted the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) as an international instrument to advance women's rights. A further development was an initiative by global communities that made it a priority to eliminate all practices of GBV and acknowledged the terms of the 1993 Declaration on the Elimination of Violence Against Women (DEVAW) (Tholaine & Calvino, 2021). Member-country signatories of the DEVAW-1993 unanimously acknowledged that violence against women is a manifestation of historically unequal power relations between men and women (DEVAW, 1993). The convention established a Bill of Rights for women and an agenda for action by state parties, including South Africa, yet GBV persists at high rates globally. Again, the UN committed to the eradication of GBV and articulated it through its Sustainable Development Goals (SDGs), aiming to eliminate all forms of gender inequality by 2030, a goal that seems elusive owing to the persistence of GBV (Tholaine & Calvino, 2021; Maluleke, 2021).

On the continental level, the Protocol to the African Charter on Human and Peoples' Rights (ACHPR or Charter) on the Rights of Women in Africa (Women's Protocol) became the first human rights treaty to be adopted by the African Union (AU) in 2003 (Stefiszyn & Prezanti, 2009). The Women's Protocol was motivated by the recognised need to address the inadequate protections available to women by the ACHPR. It is argued that while the ACHPR guarantees non-discrimination based on sex, equality before the law, and the elimination of discrimination against women, it does not articulate specific violations of women's rights which exemplify such discrimination (Stefiszyn & Prezanti, 2009). This shortfall nullifies some of the pillars that the ACHPR seeks to address. Furthermore, if policies and laws do not holistically address issues such as GBV by directly spelling out what they are for or against, it leaves victims of GBV vulnerable to their perpetrators. However, the Charter has been

criticised for allowing the discriminatory treatment of women within the family sphere. The family is often regarded as the custodian of morals and traditions, which in some cases, can be the very domain where discrimination against women flourishes, thereby conflicting with gender equity (Stefiszyn & Prezanti, 2009). Individual members of communities come from families; therefore, by implication, the same family members form part of violent communities.

This critique presupposes that families are agents of women's suppression and violation, and this part is not fully represented by policy. The Women's Protocol presents an advocacy framework for African women's rights, providing a tool to effect change for women on the continent through monitoring and evaluating their progress (Stefiszyn & Prezanti, 2009). The prospects of this advocacy are limited, as they are likely to be hindered by entrenched inequities that manifest through power hierarchies which reinforce patriarchy and the perceived inferiority of women in many communities across developing countries (Stefiszyn & Prezanti, 2009).

Unfortunately, member states that ratified the Women's Protocol continue to receive reports of women suffering violence, abuse, exclusion, and discrimination because of their gender. Even during the lockdown, none of the member states' objectives were achieved. GBV continued to increase day by day, with women and children as the primary victims. South Africa, too, as one of the six Southern African Development Community (SADC) countries that jointly committed to focus on the provisions of the Women's Protocol dealing with violence against women, was unsuccessful in curbing violence against women and girls. Women and girls in South Africa were victims of sexual violence, domestic violence, and culturally harmful practices, amongst others, particularly during the country's lockdown.

Women are victims of GBV in peace and wartime (Shabrina et al., 2018). In South Africa, GBV manifests in various sectors, including the family, at work, within different organisational structures, and governmental institutions such as schools, higher education institutions, hospitals, and community settings. Therefore, when the country was in lockdown, women and girls had to endure similar gruesome experiences without any help. Violence takes different forms and reflects underlying discrimination, power dynamics, and conflicting ambivalences regarding the effectiveness of South Africa's constitutional laws in regulating GBV (Nduna & Tshona, 2021).

Even though GBV affects all people, black African women and children are the most affected by it (Bhana, 2013). Data that is not disaggregated makes tracing the scourge of GBV difficult and, in this case, it gives the impression that

GBV is the same along racial lines (Bhana, 2013). Knowledge of the prevalence of GBV across demographics and socio-economic conditions is essential for an accurate reflection of GBV incidence. Again, such information is a vital source of reference for developing measures to address GBV. Indicators by the UNPF various demonstrate that the East and Southern African regions display a high rate of sexual violence, with about 20% of women between 15 and 24 years having experienced sexual violence by their intimate partners (Tholaine & Calvino, 2021). Again, the UNPF indicates that in conflict or post-conflict countries such as Mozambique, Uganda, and Zimbabwe, adolescents under the age of 15 have experienced sexual violence (Tholaine & Calvino, 2021).

In Africa, many factors can fuel the high incidence of GBV against women and girls, such as the persistence of harmful norms, alcohol abuse, extreme poverty levels, and violence in urban slum areas and conflict areas. In terms of criminal justice system interventions in this regard, there is cause for concern that some African countries' law enforcement agencies and judiciaries are unaware of women's and girls' rights, despite being parties to the enactment and promulgation of national and legislative frameworks on GBV (Matadi & Calvino, 2021). The persistence of GBV in such areas, despite appropriate responses to address it, is worrisome.

Forms of GBV during lockdown in South Africa

Gender-based violent crimes have become daily experiences in South Africa, and interventions to curb the plight face varying challenges, such as the withdrawal of cases due to insufficient evidence. More than 1.6 million deaths of people occur each year because of violence, making it one of the leading causes of death globally. Even though everyone was affected by the COVID-19 pandemic, when South Africa applied its lockdown regulations, women endured further severe suffering, such as assaults, sexual violence, rape, intimate partner violence, and several other effects.

GBV is unique and distinct from other epidemics, such as COVID-19 (Tholaine & Calvino, 2021). Since GBV is rooted in gender power dynamics, women and girls are the majority of victims. Most of the perpetrators of GBV are not outsiders but are known to victims, such as their intimate partners, parents or persons within the family circle (Tholaine & Calvino, 2021). These are people who tend to have access to the home; ideally a safe place that should offer protection and support from any form of violence. Nevertheless, the lockdown period reveals the contrary.

Intimate partner violence (IPV)

Intimate partner violence is an ongoing issue in South Africa, which has the highest rates of violence against women and girls in the world (Ross et al., 2021). The root cause of intimate partner violence (IPV) is gender inequality which manifests in all sectors of society, with common elements of women's deprivation and subordination. Women's dependency on their male counterparts is highly linked to the idea that men are superior to women. The gendered impact of the COVID-19 lockdown deepened these inequalities and gender-based violence (Mubaiwa et al., 2022). Globally, reports demonstrate that IPV and sexual coercion are the most common forms of violence worldwide and contribute extensively to the global burden of mental health problems (Oram et al., 2022). Women and girls overwhelmingly bear these experiences, especially in societies where violence against women is the norm (Oram et al., 2022).

International surveys indicate that 27% of women and girls aged 15 and older have experienced either physical or sexual intimate partner violence (Nduna & Tshona, 2021). What is shocking and deeply concerning is that South Africa records a rising prevalence of such violent cases against women and girls (Nduna & Tshona, 2021). IPV is the most generic form of gender-based violence and is the second-highest contributor to disease burden in South Africa (Ross et al., 2021).[1] The COVID-19 pandemic and the associated lockdown brought these already existing abuses against women and girls to public attention. Moreover, it also shows that intimate partner violence is a major health concern in South Africa. Factors such as violence and toxic masculinity are linked to IPV (Ross et al., 2022). More than one-third of men in South Africa believe that they have a right to be violent towards women and that beating women is a sign of love (WHO, 2021). Ironically, some women share those sentiments, which is likely why some of them stay in abusive relationships.

Domestic violence

South Africa is ranked as having one of the highest rates of gender-based violence against women (Nduna & Tshona, 2021). During the lockdown, South Africa witnessed higher admission numbers of abuse-related trauma patients in hospitals. Socio-economic disadvantage, poor mental health, alcohol misuse by a partner, unplanned pregnancies, and a history of childhood abuse have been identified as risk factors for domestic violence, while older age has been

1 The report by these authors was done directly before the first cases of COVID-19 were detected in South Africa.

confirmed as a protective factor (Ebert & Steinert, 2021). Violence directed at women and girls is seen as a defence of patriarchal traditional values, gendered hierarchy and sex-role expectations that uphold society's control over feminine and gender-non-conforming persons (Nduna & Tshona, 2021).

Empirical evidence from many countries, including Argentina, India, Peru, and the United States of America (USA), demonstrated an upsurge in the number of help requests to domestic abuse and child protection helplines during the pandemic (Ebert & Steinert, 2021). The gender-role division within the home environment confines women and girls to the secondary position of passivity, where they rely on their male counterparts for decisions that affect their lives, amongst other things. Again, most non-binary persons in South Africa have endured violence and others have even been murdered as a corrective measure (Dlamini, 2021). Worldwide, 27% of women and girls aged 15 and older have experienced either physical or sexual IPV, but in South Africa, the figure is a staggering one-third or even up to 50% (Nduna & Tshona, 2021).

A study in Germany during lockdown reveals that the closure of daycare centres and schools imposed a care burden on parents, causing them to renegotiate the distribution of household tasks, and creating further potential for conflict (Ebert & Steinert, 2021). In Africa, culture confines women to secondary positions, excluding them from responsibilities such as making decisions and effecting changes to the status quo. These decisions evoke power dynamics within the domestic sphere that are dominated by male hegemony. If such domination is challenged, conflict is likely to arise to secure dominance and power within the home. Such cases expose women and children to violence and different forms of abuse. In patriarchal communities, most domestic chores are shared amongst women and girls, leaving them exhausted. The relegation of women and girls to domestic responsibility exposes them to social exclusion in some way. Social isolation, economic uncertainty and an increased care burden may have detrimental effects on mental health, a central risk factor for domestic violence in normal times (Ebert & Steinert, 2021).

The elevated levels of sexual assaults, rape and femicide during lockdown happened within the home environment of most people in South Africa. Since movement outside the home was restricted during the lockdown period, several such cases were left unreported to law enforcement agencies. The other depressing reason for the non-reporting of cases is partly that society does not realise that certain acts constitute GBV. Furthermore, society tolerates persistent acts of violence and regards them as private matters that should be settled within the family structure. It is worrisome to leave cases of GBV as

such because they are likely to worsen to extremes such as loss of lives. Affiliations such as religion are likely to promote such behaviour where women are encouraged to withstand abuse in the name of faith and good morals.

An overview of GBV cases during lockdown in South Africa

GBV is an expression of gender power hierarchy and toxic masculinity that exists in all societies in varying levels (Dlamini, 2021). Women suffer from threats of bodily and emotional harm from abusers who control and keep women trapped to those who enslave and eventually kill them. Female victims of violence are much more likely than male victims to be terrorised and traumatised (Whiting, 2016). This signifies the existence of an association between power hierarchy and women's subversion pervasive within the family structures of our homes, where males assume power as heads of households.

When COVID-19 struck, most countries instituted lockdown policies and closed their borders to prevent the inward and outward movement of people as a measure to prevent the spread of the coronavirus. The lockdown regulated movement, which meant that wherever people were, they would remain there indefinitely. No provisions were in place for the eruption of any form of violence as the entire world was overwhelmed by COVID-19. Therefore, as the lockdown period continued, conflicts within household settings showed that women and girls had no power to protect themselves from their male perpetrators, nor were they able to escape such places due to the lockdown regulations. Quarantines and school closures during lockdown are viewed to have exposed the structural realities of women and girls across the global community, and such realities point to inequities and weaknesses in our gendered socio-economic and health systems. The spike in violence against women and children during humanitarian and public health emergencies demonstrates such inequalities and vulnerabilities (Lundin et al., 2020). It is in such emergency settings that women endure multiple and compounding forms of violence (Lundin et al., 2020).

As a public health measure, the COVID-19 lockdown encouraged spatial distancing. Although this measure enforced social distancing as a precautionary measure, it unintentionally created social disconnection and discontent among most women in South Africa. During the lockdown, reports from various sources, including the South African Police Service (SAPS), the national Gender-based Violence Call Centre (GBVCC) and civil society, demonstrated that South African women experienced an increased risk for GBV (Nduna & Tshona, 2021).

With the world shuttered in this unique way, there was nowhere to go for those women and girls who use public life as a coping mechanism and an escape from the risk of domestic violence, as the lockdown rules restricted movement (Nduna & Tshona, 2021). Meaning, GBV victims could not access the limited, and sometimes unavailable, sources of help, refuge and protection, leaving many women and girls without reprieve from the danger within their homes. The constant deluge of GBV stories, which were harder to ignore when everyone was not as preoccupied as under pre-pandemic conditions, led South Africa to be declared an unsafe country for women to live in (Lundin et al., 2020). The increased risk of GBV during lockdown indicates that women are exposed to poly-violence (Nduna & Tshona, 2021). Poly-violence refers to the idea that women are at risk of multiple forms of violence in various places (Nduna & Tshona, 2021). For instance, it has been observed that the lockdown period led to an increase in harmful cultural practices such as female genital mutilation (FGM) and early/arranged marriages that are performed in countries including Kenya, Ethiopia and Somalia (Mubaiwa et al., 2022).

GBV statistics in South Africa show that almost 50% of assaults were committed by someone close, such as a friend or acquaintance, spouse, intimate partner, relative or another household member (Maluleke, 2021). This characteristic had been observed long before the social conditions brought on by COVID-19 pandemic. In other words, hotspots such as households and neighbourhoods, places of worship, and social gatherings, among others, could have been earmarked and specific intervention strategies to address these should have been in place; even with limited movement and resources, things could have been better. On the contrary, the dawn of COVID-19 and the subsequent lockdown revealed that South African intervention strategies lacked inclusive approaches for the various circumstances in which women found themselves.

Research demonstrates that the prevalence of victimisation through physical violence is greater among less-educated women than those with secondary or higher education (Maluleke, 2021). Two factors presented in this report are worth noting. First, most women in South Africa have not completed their education or obtained a senior certificate, which is a prerequisite for admission to higher education institutions. At some point in their life, they will succumb to violent practices because of dependency on their perpetrators. Women's dependency is among the reasons that explain why women stay in abusive relationships. Previously termed the "rape capital of the world" by Interpol, South Africa continues to struggle with increasing rates of domestic abuse,

sexual violence and femicide (Vallabh et al., 2022). During the pandemic, incidents of GBV increased exponentially due to many women being confined to spaces with their perpetrators because of lockdowns and measures to restrict movement and curb the spread of the virus.

The unprecedented global health crisis, the COVID-19 pandemic and the subsequent lockdown exacerbated the scourge of gender-based violence that disproportionately affected women and young girls (Aborisade, 2022). Furthermore, research shows that the COVID-19 lockdown created platforms for motivated offenders whilst increasing the vulnerability of women and young girls to sexual victimisation (Aborisade, 2022). Besides the impact of the COVID-19 pandemic, women and girls also suffered multiple abuses at the hands of people known to them. Concurring with this claim, some arguments maintain that research exploring the impact of COVID-19 in Africa has not given much attention to issues of gender, which is a concern as GBV cuts across all sectors of society (Aborisade, 2022).

Violence against women and girls is not a new phenomenon, and its consequences are on women's physical, mental, and reproductive health (García-Moreno et al., 2013). During the lockdown, South Africa faced socio-economic challenges of deprivation of resources, poverty and a high rise in crime and violence, among other factors. These experiences were a blow to people's quality of life and dignity, especially women and girls. Women and young girls were hit hard by experiences of violence that come in different forms, and most of the time without any help, as they were subjected to lockdown regulations. Exposure to such violent experiences by women and girls had far-reaching effects on their lives and mental health.

The World Health Organization (WHO) has identified violence against women as a fundamental problem that needs to be tackled as a matter of urgency. Studies show that globally, GBV is at a high rise, with one out of three women experiencing violence by an intimate partner at some point in their lifetime (Dlamini, 2021). Therefore, lockdown regulations had a double impact on the lives of the most vulnerable groups of women and girls, as they subjected them to inescapable violence by their male counterparts. Similarly, scholars affirm that COVID-19 unveiled the underlying realities of inequalities within countries and across geographies (Lundin et al., 2020; Dlamini, 2021). Many of these disparities reflect the worst cases of GBV that attracted media and public attention in South Africa. The caring and nurturing gender norms and roles of women subjected women to frontline work amid the pandemic, yet excluded them from developing responses that,

among others, directly affect their health and well-being, such as the means to eliminate GBV (Dlamini, 2021). Women's exclusion from the development of responses to eliminate this scourge is a major concern. When women are excluded from decision-making spaces in matters directly affecting them, such as violence, their silencing is further entrenched.

Effects of gender-based violence on women and girls

Violent encounters have negative effects, especially for the victim. Women endure profound consequences (e.g. psychological, emotional, and financial) of GBV across the globe. Homicide, suicide, and AIDS-related deaths are among some of the fatal consequences experienced by women who are victims of violence (Enaifoghe et al., 2021). Even when women do not die as a result of their exposure to GBV, their lives and health worsen (Enaifoghe et al., 2021). Physical injuries suffered by women not only leave scars and wounds, but they also leave their souls damaged as well. The damage that women endure is immeasurable, showing up in diverse ways, such as chronic pain syndrome, gastrointestinal disorders, complications during pregnancy, miscarriage, and low birth weight of children (Enaifoghe et al., 2021). By implication, even if women survive GBV, it is still imperative that they undergo intensive rehabilitation, considering such effects.

The effects of GBV also pose a deficit to the economies of both developed and developing countries. When a country has low productivity and earnings, as well as a low accumulation of human and social capital, women are most affected. Women have been marginalised economically and otherwise because of their gender for centuries. In most rural communities in developing countries this marginalisation persists, with most women's contributions being in the private sphere of the home and their exclusion from the decision-making structures of the public sphere.

As aforementioned, the literature demonstrates that violence can negatively affect women's physical, mental, sexual, and reproductive health and may increase the risk of acquiring HIV in some settings (Enaifoghe et al., 2021; Dlamini, 2021; Nduna & Tshona, 2021). The weight of sexually transmitted diseases, such as HIV/AIDS, is concentrated among young people and females in developing countries such as South Africa (Hallman, 2004). Most victims of sexual crimes, such as rape, could not use knowledge of protecting themselves from infections during the lockdown, mainly because of the circumstances in which such crimes manifested. Furthermore, when lockdown

laws were initiated, South Africa was already struggling with unemployment, and the poverty rate was skyrocketing, negatively affecting poorer communities living below the poverty line. These were daily experiences for many women and girls in South Africa during the lockdown. Economic disadvantage significantly increases the likelihood of various unsafe behaviours and experiences (Hallman, 2004). Furthermore, even before the lockdown period in South Africa, it had been observed that low socio-economic status not only increases female odds of exchanging sex for money or goods, but it also raises female chances of experiencing coerced sex (Hallman, 2004).

Furthermore, due to movement restrictions during the lockdown, many patients were not able to access medical facilities because of a lack of transportation to clinics and hospitals. Additionally, health facilities were primarily attending to emergency cases related to the pandemic; therefore, patients visiting for regular medication, such as family planning and chronic conditions, received limited support. Individuals who became pregnant during lockdown could not get medical attention due to fear of contracting the virus. Some pregnancies occurred from the sexual abuse endured by many women and girls during lockdown. In 2021, teenage pregnancy reached a staggering 60% in Gauteng, the province with the largest population in South Africa (Enaifoghe et al., 2021). In Gauteng alone an estimated 23,000 young girls aged under 18 years gave birth between April 2020 and March 2021. This was when young girls were under the supervision and guidance of their parents and/or guardians at home. Nevertheless, studies examining this case are limited, or they only briefly address the issue of early pregnancy. Most fathers of babies born to young girls are not known, furthering the need for interrogation.

The patriarchal nature of society confers authority on men such that women succumb to ill-treatment, including forced sex, unplanned pregnancies, STI contraction and dependency on men. Men's endorsement of sexist, chauvinistic or sexually hostile attitudes can all be predictors of someone who is likely to commit IPV, while women might be expected to tolerate violence against them (Oram et al., 2022). Societal norms that promote violence are a key issue that needs to be addressed (Oram et al., 2022).

GBV intervention strategies in South Africa

Gender-based violence precedes and is still with us post-COVID-19 lockdowns. Most studies on GBV recommend the implementation of a strategic plan

owing to the detrimental impact violence has on women and many other affected groups, including the LGBTQIA+ community, the disabled and children. There have also been attempts to address the scourge of GBV, yet all attempts prove insufficient. Not a single strategy has been successful. Besides, even when there have been successes, they have not been significant enough to impact the number of GBV cases, hence the need for more stringent measures to work towards eliminating and further eradicating GBV.

As the world faced a double pandemic, governments sought means to respond and curb the spread of the coronavirus. It was a call that held every citizen responsible and accountable for limiting the spread of the pandemic, which South African citizens heeded unanimously. The same attitude and approach are needed to address the scourge of GBV. Intervention strategies should be inclusive of all members of society, including perpetrators. It would be naïve to treat the wounds without addressing the cause. That way, all parties get help whilst they are in the process of healing. In 2020, South African President Cyril Ramaphosa declared GBV a second pandemic that faced the world and noted that it needed to be taken as seriously as the coronavirus. COVID-19 was an unexpected, abrupt plague that brought the world to its knees and devastated all sectors, including health, the economy, politics, and society. The response to the COVID-19 demonstrated how unity of purpose and consistency lead to success, and therefore can be applied to any future initiatives addressing problems facing the nation.

Discussion

The unintended consequences of the lockdown have affected certain segments of the population's physical and mental health. Despite the existing legislative framework and the criminal justice system in South Africa, high levels of violence against women and girls still prevail. South Africa is bound to take crucial measures to end all forms of violence against women and girls. Such measures should be considerate of all the forms of violence that women and girls are exposed to, as well as address the basis of such practices of violence. The literature demonstrates that among the causes of violence against women and girls in the entire world and within the African continent are the disparities that are a consequence of and further entrench hierarchical power relations. Gender inequalities are entrenched in gender roles and patriarchal supremacy that subjugate women and girls to a secondary status in the community. The severity of GBV experienced by women makes it appear as though they are the only

group that experiences it. Even though the issue of GBV violence is taken as a matter of urgency by several organisations, including the state, its persistence and detrimental impact indicate a need for measures to address it.

Certainly, most survivors of GBV need support in some form. Even when support is likely to reach everyone who needs it, such attempts are compromised by social norms and stigmatisation (Svensson, 2019). Visual and textual media are sometimes responsible for perpetuating such stigma and reinforcing social norms (Svensson, 2019). Therefore, addressing GBV is deeper than giving assistance to victims of violence; it also calls for scrutiny of the very vehicles of information that provide reports on GBV. Researchers have written quite substantively about gender-based violence; as such, they recommend proper intervention strategies to address the scourge of GBV. GBV is closely linked to the vulnerability of victims, particularly in conflict situations where women and girls are often targeted and their bodies used as tools of war. Such experiences create deep fear and lasting trauma.

The reports of increasing violence against women warrant the investigation and interrogation of the associated underlying norms and behaviours. There are arguments that inequality in contemporary society disempowers women, girls, and other minority groups in society and silences their voices (Enaifoghe et al., 2021). The silencing of women from discussing their daily experiences of GBV by their perpetrators is reinforced by the belief systems of culture and religion, rendering such experiences private. Furthermore, prevailing community perceptions of GBV often place blame on victims, leading many to remain silent for fear of losing social support and community ties.

The dearth of accessible resources and non-participation of women in the economy causes women to be dependent on their abusers, making it hard for them to report cases of abuse. Women are also let down by law enforcement agencies and the broader deficiencies within the justice system, thereby perpetuating the cycle of violence. Women experience challenges when they report cases of abuse at police stations, where they are turned back to resolve conflicts with their offenders. Again, the dragging of cases and delay of judgement in court may cause some victims to change their minds and withdraw cases, as they feel depressed and vulnerable.

Providing help only to victims of violence and leaving out perpetrators as a way of punishment for their actions cannot eradicate the scourge of GBV. Instead, it can lead to the resurfacing of other forms of violence. There is, therefore, a compelling need to locate the root causes of violence from the offenders' perspective so that they are assisted to perceive women differently

and not as people who should be violated. Scholars hold conflicting views about the value of international laws against GBV. Some regard international agreements and conventions as toothless; others point to evidence that these have helped to mobilise women's groups (Klugman, 2017). There has been an outcry against laws that criminalise specific actions of violence against women. This chapter argues that unless such demands are met and perpetrators of violence against women and girls are brought before the law and suffer the consequences of their actions, then reports of increasing GBV in South Africa will remain.

Poverty is a common contributing factor to GBV in African countries, including South Africa. The exclusion of the women population from the public sphere owing to their inefficiency has a direct impact on the economy and leads to dependency that exacerbates practices of violence against them. When women lack education, they are unable to contribute to the economy and to achieve self-sufficiency in their lives. They live their entire lives dependent on their male counterparts for financial support. In such a state, when a woman entirely depends on a male for support, it gives a male power over that woman. Most people in power are controlling and assume that by virtue of the power they hold, they have the authority to control their subordinates. Control is likely to cause fear and some degree of harm. Poverty, as a major problem among women, should be among the issues that intervention measures against GBV address.

Women's empowerment should encourage women to be educated citizens. When women are educated, they are empowered to make decisive decisions in their lives, including the decision to leave an abusive relationship. Education is an important means to alleviate poverty. Further, educated women can effect change in the socio-economic state of their households, which subsequently contributes to the country's gross domestic product (GDP). Therefore, educated women in a country have the means to eliminate violence directed at them because of their gender, and their impact on the economy exceeds that of their male counterparts.

Again, during COVID lockdowns, women and young girls became victims of sexual violence by their partners and could not leave owing to their financial circumstances as well as perceptions of intimate partner violence (IPV). Whiting (2016) states that distorted thoughts are some of the reasons women stay in abusive relationships. Women and girls' vulnerability in crises is further exacerbated by the lack of access to their regular social networks and sources of social support, as well as health and other support services. Their exposure

to violence increases as perpetrators might lash out due to the economic strain caused by the pandemic. At the same time, their chances of leaving or resisting abusive relationships diminish (Enaifoghe et al., 2021).

Conclusion and recommendations

The fight against GBV is a collective effort of all stakeholders and citizens across all sectors in a country. As such, everyone is either infected or affected by the GBV pandemic. Legislation can also be responsive to victims by providing protection and access to constant support services. The lockdown proved that the government should provide increasing support for access to justice for survivors and victims of violence. Most of the findings during the lockdown period in South Africa should prompt policymakers to improve the safety of women and children who are exposed as vulnerable groups. Again, interventions to reduce risk factors should be strengthened and be inclusive of all community members.

Policies, as well as intervention strategies, should acknowledge that women and girls are not the only victims of GBV and that GBV takes many forms. Men, too, experience violence by women; however, the prevalence and rate of GBV are higher among women than men. Therefore, policies should take cognisance of the diverse population cultures and religions to incorporate when they are drawn, amended, or revised.

In no way does this chapter dismiss the integration strategies already in place, but it notes that there are disjunctures, where one operator is unaware of what the other is doing. A combination of communicative methods, digital technologies, and participant-led interventions needs to be incorporated into daily programmes, including curricula in institutions of learning, within healthcare centres, at places of worship, and in informal or formal settings such as entertainment centres, in order to address gender-based violence. The same attitude that was adopted during the lockdown period in fighting to curb the spread of COVID-19 can be instrumental in eliminating and finally ending the scourge of GBV in South Africa.

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