social sciences

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Experiences of Gender-Based Violence Victims During COVID-19 Lockdown in the Selected Region F of Gauteng Province, South Africa

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Abstract: Background: Gender-based violence (GBV) remains a significant and entrenched issue affecting various aspects of daily life. Entrenched within South African institutions, cultures, and traditions, GBV disproportionately impacts women and girls, exacerbated by prevailing gender stereotypes and biases. Despite South Africa's reputation as one of the most difficult countries for women, this assertion is debatable. This study aimed to delve into the firsthand experiences of GBV victims during the COVID-19 lockdown in Region F of Gauteng Province, South Africa. **Methods**: A qualitative approach and interpretative phenomenological design were used. The setting of the study was a non-governmental organization in Region F of Gauteng Province. The population of women aged 18 to 49 who encountered GBV during the lockdown was sampled. Twelve participants were interviewed through face-to-face unstructured interviews guided by a central question. Thematic analysis was employed to scrutinize the data and ethical protocols and trustworthiness were meticulously observed throughout the study. **Results**: Findings revealed that GBV victims during the lockdown encountered various challenges, including limited access to transportation, financial constraints, poverty, unemployment, substance abuse, and inadequate welfare services, contributing to heightened suicidal tendencies. Recommendations were formulated based on the research findings.

Keywords: COVID-19; gender-based violence; isolation; abuse

Academic Editor: Barbara Fawcett

Received: 28 November 2024
Revised: 27 December 2024
Accepted: 14 January 2025
Published: 29 January 2025

Citation: Mbokodo, Carol Nontyatyambo, Azwinndini Gladys Mudau, and Rachel Lebese. 2025. Experiences of Gender-Based Violence Victims During COVID-19 Lockdown in the Selected Region F of Gauteng Province, South Africa. *Social Sciences* 14: 74. https://doi.org/10.3390/socsci14020074

1. Introduction

Gender-based violence has reached alarming levels globally, and South Africa is no exception. These levels become even higher when people continuously live together without mixing with other people or without engaging in recreational activities. This was evidenced during the COVID-19 lockdown, where the occurrence of gender-based violence (GBV) among women was reported as 34% in the United States, 26% in Europe, and 36% in Africa (WHO 2020). According to Beyene et al. (2022), Ethiopia experienced the largest and most significant number of GBV instances in Sub-Saharan Africa (58.2%), followed by South Africa (40%) and Tanzania (28%). Separated or divorced women face a higher likelihood of encountering physical or sexual assault, whereas approximately one out of every five (21%) partnered women in South Africa has been subjected to intimate partner violence (NdoH et al. 2019).

The global community has acknowledged the increasing rise of gender-based violence (GBV) and its implications for public health. In response to this acknowledgment, the United Nations (UN) has pledged to initiate the **Unlawful Narcotics Investigations, Treatment and Education** campaign aimed at ending violence against women (UN Women 2020). The aim is to collaborate with nine Southern African Development Community (SADC) nations to enhance the campaign, pinpoint the underlying causes and risk elements linked to gender-based violence (GBV), devise initiatives to safeguard victims, bolster multisectoral partnerships, and conduct comprehensive research and assessments into the origins and repercussions of GBV to inform lawmakers, policymakers, and strategies for combating violence against women (UN Women 2020).

The United Nations Population Fund Association (UNFPA) has partnered with various organizations to establish the Joint Global Programme on Essential Services. Its objective is to achieve worldwide agreement on standards and directives, ensuring the delivery of high-quality essential services and offering technical guidance (UNFPA 2020). Collaborations have been established with UN Women and other agencies to introduce the RESPECT Women framework, which draws upon current UN prevention frameworks and evidence from systematic reviews (WHO 2020). Italy introduced specific measures, such as mobile applications, enabling individuals to seek assistance without phone calls (Tisane 2020). Spain adopted "code words" to alert authorities and support services. In Italy, Austria, and Germany, measures were implemented where domestic violence perpetrators were removed from the household instead of the victim, and court fees associated with protection orders were waived (Tisane 2020).

In the Southern African Development Community (SADC) region, countries have ratified and endorsed several international agreements, including the Beijing Platform for Action in 1995, UN Resolution 1325 on Women, Peace, and Security in 2000, and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa in 2003, demonstrating their dedication to eliminating gender-based violence (GBV) within their nations (UNFPA 2020).

In South Africa, groups like People Opposing Women Abuse (POWA) offer counseling and legal support to individuals affected by domestic violence (Tisane 2020). The Presidential Summit, facilitated by the Interim Gender-based Violence and Femicide Steering Committee (IGBVF-SC) in 2018, led to the creation of the National Strategic Plan (NSP) on Gender-Based Violence and Femicide (GBVF). This plan aims to establish a multisectoral strategic policy and framework that ensures a coordinated national response to GBV and femicide. All this resulted in numerous policies, laws, frameworks, legislations, and bills have been implemented to address gender-based violence (GBV) in South Africa. These include the Domestic Violence Amendment Bill and the Domestic Violence Act No. 116 of 1998, as well as the Criminal Law Sexual Offenses and Related Matters Act No. 32 of 2007, which are significant laws concerning violence against women. Additionally, South Africa has established the National Gender Policy Framework, the Employment Equity Act (EEA), and the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA) to combat GBV (Tisane 2020).

However, challenges persist in effectively implementing these initiatives and addressing systemic issues. These challenges encompass inadequate human and financial resources, deficiencies in the criminal justice system, limited public awareness of pertinent laws, fragmentation within civil society due to funding shortages, stigma and discrimination, insufficient coordination in tackling GBV, and a lack of evidence and evaluation regarding the effectiveness of GBV interventions (Nduna and Tshona 2021). The government's inability to confront these obstacles undermines the progress in formulating forward-thinking legislation. According to Tisane (2020), in certain instances, some women face higher odds of surviving COVID-19 compared to surviving domestic

violence. Given this context, it is evident that while the government was preoccupied with business matters and imposing restrictions on people's movement, there was a surge in domestic violence incidents (Tisane 2020).

The study was conducted at the facilities of a non-governmental organization (NGO), My Lillies of Hope, located in Region F, Gauteng. Region F is situated within the City of Johannesburg, a key metropolitan area in Gauteng Province, South Africa. While Region F includes notable landmarks such as the University of the Witwatersrand and world-class theaters, it is characterized by significant socio-economic disparities. The area encompasses a mix of higher- and lower-income residential zones alongside older industrial nodes.

Region F faces profound socio-economic challenges, particularly in its underprivileged areas. The region has become a hub for African immigrants, many of whom are undocumented. These immigrants often rely on informal trading, domestic labor, and self-employment for survival. However, the high concentration of undocumented immigrants has exacerbated the region's socio-economic instability, contributing to elevated crime rates, violence, and a decline in infrastructure. Residents contend with limited employment opportunities, widespread poverty, and inadequate health services. Furthermore, risky health behaviors, including substance abuse, excessive alcohol consumption, prostitution, and engagement in violent activities, are prevalent. These challenges underscore the region's pressing need for interventions targeting health services, social support systems, and infrastructure development.

There have been few studies conducted to explore how victims experienced GBV during COVID-19 lockdown period in Gauteng and there is a need to conduct studies to close gaps in the existing literature. The purpose of this study was to explore the lived experiences of GBV victims during the COVID-19 lockdown in the selected Region F of Gauteng Province, South Africa.

2. Materials and Methods

This study employed a qualitative research approach and adopted an interpretative phenomenology design. The qualitative research approach generates rich data and allows victims of gender-based violence (GBV) to articulate their experiences based on various factors such as their life experiences, education, socio-economic status, and cultural background. It enabled the victims to construct their social reality based on their perceptions and offered flexibility for participants to co-construct interviews and introduce new topics of inquiry Creswell, John W., and J. David Creswell (2018) Thus, the interpretative phenomenological design delves deeply into how participants interpret and make sense of their personal and social environments, focusing on the meanings they attach to their experiences, events, and states. Phenomenology involves meticulously exploring the participant's lifeworld, aiming to understand personal experiences from their perspective.

The research was carried out at the premises of a non-governmental organization located in Region F in Johannesburg, Gauteng Province, South Africa. The target population comprises all women who have encountered gender-based violence (GBV). In contrast, the accessible population consists of women who were victims of gender-based violence during the COVID-19 lockdown, aged between 18 and 49 years, residing in Region F of Gauteng Province. A non-probability purposive sampling method was employed for participant and NGO selection. The NGOs were obtained from the Department of Social Development's database and through recommendations from the local SAPS. The NGO contact person initially identified relevant participants, then negotiated on behalf of the researchers, and upon agreeing to participate, a researcher

contacted the survivors and negotiated informed consent. This process of sampling continued until data saturation was achieved with 12 participants.

2.1. Data Collection Instrument

Data were collected through unstructured individual face-to-face interviews, which were directed by a single central question. The question was translated from English to Southern Sotho and Zulu through the services of language expected in both languages. The central research question asked was: "Could you please share your experiences of gender-based violence (GBV) during the COVID-19 lockdown?" Probe, follow-up questions, and paraphrasing were used to deepen the discussions. The question was pretested on three chosen participants to assess factors such as the clarity and ambiguity of the question, the participants' proficiency in language, accessibility of the facility, and the establishment of rapport with the respondents, as recommended by (Castillo-Montoya 2016).

2.2. Trustworthiness

The study employed various criteria to ensure trustworthiness, including credibility, transferability, dependability, audit trails, and confirmability. Credibility was ensured through prolonged engagement, persistent observation, peer debriefing, and triangulation over three months. External member checking was conducted to verify the accuracy of transcripts. Dependability was upheld by maintaining logical interview processes, reviewable participant contacts, and well-documented transcripts, stored securely. Audit trails were kept through records of transcripts and field notes to systemize data and facilitate reporting. Confirmability was achieved by ensuring interpretations were backed by facts and made without bias. Transferability was addressed through clear and detailed descriptions for potential future research, allowing readers to assess applicability to their context. Neutrality was maintained to ensure that participants' social reality shaped the study, not the researcher's bias, agenda, or interests, with narratives summarized immediately after collection to preserve accuracy.

2.3. Data Collection

Unstructured, face-to-face individual interviews were conducted with 12 participants. Data collection involved field notes, observational notes, and an audio recorder to capture information. Interviews took place on weekdays in the afternoon over a period of three months. Each interview session lasted for one hour and fifteen minutes and was held at the offices of the local NGO. A social worker from the NGO was on standby during the interviews to assist participants experiencing negative emotions.

2.4. Ethical Consideration

Ethical clearance was sought and approved by the University of Venda ethics committee, number FHS/22/PH/16/1209. Permission was sought from the NGO, and informed consent from the participants was obtained. Confidentiality, voluntary participation, anonymity, and control of access to raw data were ensured.

2.5. Data Management and Analysis

All audio recordings were translated, transcribed, and cross-referenced with the interview transcripts. Participants were allowed to verify the recordings' accuracy to ensure data authenticity. All recordings will be securely stored on a lockable computer for five years. A researcher thoroughly engaged with the collected data and documented them manually to facilitate data management, ensuring clarity, rigor, trustworthiness, and credibility. Data were organized into vignettes and tagged with specific themes to create

manageable text segments and derive meaningful insights. Useful information served as nodes for extracting references and generating codes during the data coding. The researcher repeatedly reviewed the data to ensure accuracy and refined codes to prevent redundancy. Themes were then developed by exploring connections between participants' explicit and implicit statements, progressing from basic to organizing themes and ultimately leading to the identification of a global theme: "*Participants' expression of their understanding relating to GBV*." The findings were presented in a narrative format to convey the analysis results, culminating in the researcher's interpretation.

3. Feminist Theoretical Framework and Gender-Based Violence

The study is embedded within the feminist theoretical framework, which is founded on concepts of gender and power. This framework views gender-based violence (GBV) as a manifestation of unequal power dynamics between men and women, where men use violence as a tool to assert authority and maintain control over women. GBV refers to harmful acts directed at individuals based on their gender and is deeply rooted in societal norms and structures that perpetuate gender inequality. It encompasses various forms of violence, including physical, sexual, emotional, and economic abuse, and disproportionately affects women and girls. The feminist perspective seeks to uncover how these dynamics operate within social and economic systems, revealing the truths about victims' experiences while building awareness about oppressive systems. The feminist framework also critiques the **patriarchal society** in which GBV occurs. In this study setting, **patriarchy** is where men hold primary power in roles of political leadership, moral authority, social privilege, and control over property. Women, in contrast, are often relegated to subordinate roles, with limited access to resources, opportunities, and decision making. Patriarchy is sustained through cultural, religious, and legal systems that prioritize male dominance and privilege. Men often use violence as a tool to maintain control over women, whether by instilling fear, restricting their mobility, or confining their participation in social and economic spheres.

The concept of **biases** is critical to understanding the perpetuation of GBV. Biases are preconceived notions or attitudes that influence how individuals perceive and treat others, often based on stereotypes or cultural norms. They can be explicit, such as openly discriminatory actions or statements, or implicit, operating unconsciously and subtly shaping behavior. In this study context, biases against women manifest in societal beliefs that normalize male dominance, trivialize violence against women, or blame victims for their abuse. These biases reinforce unequal power structures, making it difficult for women to seek justice or support and perpetuating cycles of violence.

The feminist theoretical framework highlights that these systemic barriers and oppressive structures are not inevitable but are socially constructed. By identifying and challenging the underlying causes of GBV, including biases and patriarchal norms, the framework aims to create a more equitable society. It provides a platform for diverse voices, particularly those of GBV victims, to speak out against their oppression and advocate for systemic change. Addressing these issues not only aids in understanding the lived realities of victims but also contributes to reducing the societal and cultural oppressions that perpetuate GBV. By challenging oppressive systems, the framework aims to foster equality and justice for all individuals affected by GBV.

4. Presentation and Discussion of Results

A significant theme that emerged from the interviews was participants' comprehension of gender-based violence (GBV). Thematic analysis was employed, identifying one overarching theme, four sub-themes, and thirteen categories. On average,

the interviews lasted approximately one hour and fifteen seconds. The study employed a feminist theoretical framework, positing that violence against intimate partners stems from the subjugation of women within a patriarchal society, with men as the primary perpetrators and women as the principal victims.

4.1. Demographic Characteristics

Most participants in the study fell within the age range of 21 to 47, consistent with findings indicating that 31% of women aged 15 to 49 have experienced physical or sexual violence from a partner or non-partner at some point in their lives (WHO 2020). Of the participants, three held diploma qualifications, five had matric certifications, three possessed matric plus additional certifications, and one completed standard nine. These findings align with research suggesting that lower education levels are associated with a higher likelihood of experiencing or perpetrating violence (WHO 2020). All participants were female residents of Region F, a semi-urban area with distinct socio-economic challenges, as per the study's objective.

In Region F, the housing typology is largely characterized by abandoned and hijacked buildings, with limited access to basic services such as electricity and clean water. These overcrowded dwellings often house multiple families or groups, with no maintenance or formal governance. The kinship system in the area reflects a significant migrant population, who organize themselves by foreign nationalities. Family structures are predominantly patrilineal, with many households formed through cohabitation rather than formal marriage.

Sources of income in Region F remain predominantly informal, with many residents engaged in street trading, domestic labor, and small-scale self-employment. These economic activities, precarious even before the COVID-19 pandemic, have largely persisted in the same form post-pandemic, highlighting the area's entrenched economic vulnerabilities.

Participants' relationship durations ranged from 4 to 13 years, with abuse frequently beginning as emotional and psychological before escalating to physical violence. This pattern aligns with findings by Karakurt and Silver (2018), who suggest that rates of physical violence peak between ages 22 and 32 before declining significantly. Table 1 outlines the demographic traits of the participants, focusing on their age, educational background, and living conditions.

Table 1. GBV victims' demographic characteristics.

Participant ID	Age	Qualification	Duration of the Relationship
A	34	Matric, computer certification	13 years
B	45	Matric	5 years
C	52	Standard nine	10 years
D	42	Matric	15 years
E	40	Matric, call center certificate	7 years
F	25	Matric, security certificate	8 years
G	26	Diploma in HR	5 years
H	42	Matric	4 years
I	26	Diploma in Tourism	6 years
J	26	National Diploma in HR	9 years
K	47	Matric	8 years
L	21	Matric	4 years

When education levels were considered, a discernible difference emerged. Participants' education levels ranged from diploma qualifications to standard nine.

Research (WHO 2020) indicates that lower education levels are associated with a higher likelihood of experiencing or perpetrating violence. This suggests that individuals with less education may face heightened vulnerability due to limited economic opportunities or access to resources that could help mitigate their risk of abuse. The findings align with this perspective, highlighting education as a significant factor in shaping participants' experiences.

Household income in Region F largely depends on informal economic activities, such as street trading, domestic labor, and small-scale self-employment. These income sources have remained precarious yet consistent before and after the COVID-19 pandemic. Limited and unstable income exacerbates poverty, which in turn restricts access to quality housing, healthcare, and other essential services. Economic strain within households likely contributes to heightened stress and conflict, thereby influencing the prevalence and severity of domestic violence among residents.

Several social variables further revealed discernible differences in the participants' experiences. Housing and living conditions emerged as critical factors, with many residents living in hijacked or abandoned buildings lacking electricity and clean water. These precarious environments, often overcrowded and poorly maintained, create conditions that may increase tensions and the risk of abuse.

Additionally, the kinship and family structures in Region F predominantly reflect patrilineal systems, with many households formed through cohabitation rather than formal marriage. These dynamics often limit women's autonomy and access to resources or decision-making power, further amplifying their vulnerability. The significant migrant population in Region F also influences social dynamics, as migrants tend to group themselves by nationality. While this provides a sense of community, it may also result in social isolation or barriers to accessing support systems beyond their cultural group. For undocumented migrants, the fear of legal repercussions further restricts their ability to seek help.

These intersecting social variables highlight how structural and systemic challenges amplify vulnerabilities for Region F residents, particularly women, making them more susceptible to violence and social harm.

4.2. Presentation of Themes, Sub-Themes and Categories

Thematic analysis of raw data yielded one global theme, four sub-themes, and thirteen categories, as displayed in Table 2.

Table 2. Themes, Sub-themes, and Categories emerging from data analysis.

Main Theme: Participants' Expression of Their Understanding Relating to GBV	
Sub-Themes	**Categories**
1.1 Perceived factors that trigger the occurrence of GBV	• Cheating • Lack of income and poverty • Social isolation • Lack or abuse of alcohol
1.2 Participants' Explanation of Forms of GBV	• Physical abuse • Emotional
1.3 Consequences of GBV	• Mental stress • Physical impairment • Family disorientation • Lack of community involvement
1.4 Participants' awareness of available support system	• Family support • Government support • Community support

4.3. Main Theme: Participants' Expression of Their Understanding Relating to GBV

The participants articulated their understanding of gender-based violence (GBV) through various forms, including physical, sexual, psychological, and verbal abuse. Physical abuse encompasses actions such as slapping, assaulting, kicking, squeezing, pulling, stabbing, and strangling to cause pain or harm to the victim.

Psychological and verbal abuse took the form of defamation, consistent criticism, and blackmail, aimed at embarrassing, demeaning, and intimidating the victim, especially given the limited access to friends and family. This type of abuse is prevalent across the population and can be perpetrated by either gender within relationships, according to Gulati and Kelly (2020). Unlike abuse driven by power or control, this form of violence often arises from disagreements and conflicts between partners, which escalate into physical violence. The abuse was triggered by frustrations stemming from social isolation, financial insecurity, and food scarcity, compounded by the unfamiliarity of spending prolonged time with their partners.

> "*You see, me and my boyfriend (pause). We are not used to spending that much time together; it is either he is at work or after work, he goes to Chisanyama to get a beer. Then he will come home around 9 or 10 at night. I will prepare food for him and then sleep. Nevertheless, during COVID-19, we were locked up together all the time and he was bored.*" Participant A, 34 years old.

> "*My boyfriend likes too many friends. Usually, he would go to the shebeen to spend time with his friends, sometimes watch soccer. What frustrated him was that he was alone with no friends*." Participant B, 45 years old.

Participants additionally conveyed that the absence of assistance from their families, communities, and the government intensified the occurrences of violence. Perpetrators who exhibit extreme anger and outbursts when frustrated are often psychologically distressed and emotionally unstable, driven by irrational jealousy, substance abuse problems, and a fear of separation from their relationships and society. They may also experience dysphoric borderline (DB) symptoms (WHO 2020). According to feminist theory, violence serves as a means for men to dominate and exert control over their partners within heterosexual relationships. Conversely, family theory suggests that intimate partner violence stems from conflicts within couples and can manifest in both heterosexual and same-sex relationships Katie Dhingra, and Julie McGarry (2016). In contrast, dependency theory posits that women's resources and violence are predictive factors, indicating that fewer resources increase the probability of experiencing violence. This diminishes women's autonomy and increases reliance on their male partners, consequently heightening the risk of violence.

4.4. Sub-Theme 1: Perceived Factors That Trigger the Occurrence of GBV

One of the primary sub-themes identified in the study pertains to the triggers of gender-based violence (GBV), as reported by most participants. These triggers included categories such as infidelity, financial struggles and poverty, social isolation, and alcohol abuse. The aspect of social isolation within the community emerges as a significant contributing factor to abuse, as it can both precede and result from violence.

- *Cheating*

Participants disclosed that their partners exhibited significant insecurity and often accused them of being unfaithful with other men. These findings align with existing research indicating that factors such as infidelity, insecurity, jealousy, and adultery are recognized as triggers for intimate partner violence (IPV), particularly among Indigenous women (Burnette and Renner 2017).

> *"During the lockdown, I was staying with my boyfriend. One day, we had a sexual disagreement, and he was accusing me of cheating, and he beat me up,"* Participant B, 45 years old.

- *Lack of income and poverty*

The participants mentioned that the COVID-19 lockdown resulted in the loss of income for both them and their partners, leading to financial hardship and poverty. This economic strain contributed to heightened levels of anger and frustration within the household, ultimately escalating into various forms of violence. Rooted in patriarchal norms, men are socialized to believe in their inherent power within the family structure, potentially resorting to violence to maintain control when threatened.

> *"During lockdown, there was no income coming to the house because the temp jobs were closed. My boss told me he could not pay the salaries because the company did not make money. So, we were living on handouts from friends and family.*" participant—Participant D, 42 years old.

The findings are consistent with research indicating that the normalization of certain neighborhood behaviors and the absence of clearly defined protective social norms, exacerbated by poverty and living in violent and disorderly neighborhoods, are associated with increased levels of violence within households Yasamin Kusunoki ,Thulin, Elyse J., Justin E. Heinze, Yasamin Kusunoki, Hsing-Fang Hsieh, and Marc A. Zimmerman (2020)). According to Hatcher et al. (2016), food insecurity, which is closely linked to poverty, may contribute to men perpetrating intimate partner violence (IPV) due to its association with traditional gender roles, particularly the expectation for men to provide for the family. This theory posits that men's loss of identity as breadwinners can lead to gender-based violence, a perspective analyzed through a feminist lens. Traditional gender roles assign men the role of primary financial providers, which is deeply ingrained across cultures. Economic challenges can threaten men's sense of masculinity and self-worth, leading to feelings of inadequacy. Some men may resort to gender-based violence to assert control and reaffirm their perceived masculine identity in response to economic stressors.

- *Social Isolation*

The participants noted that the lockdown measures, stay-at-home directives, and social isolation profoundly affected their families and sparked instances of GBV. They highlighted how the restrictions limited their access to social interactions and family support, which typically serve as their refuge from abusive partners.

> "*If the country was not closed, I believe that my boyfriend and I would not be fighting a lot. The lockup in the house steered up the argument because we were always at each other's face.*" Participant D, 42 years old.

The findings are consistent with research indicating that women subjected to lockdowns were compelled to spend increased time with abusive partners at home, significantly heightening their vulnerability to injury and abuse (WHO 2020). Studies also suggest that individuals who experience isolation are at a higher risk of suicide compared to those with strong social connections (WHO 2020). Among adolescents under 16, relationship difficulties with parents, friend problems, and social isolation were the most common factors underlying suicide attempts (APA 2013). Victims of violence often endure isolation because of the controlling actions of their abusers, who deliberately cut them off from family, friends, and colleagues (APA 2013). According to (Stark and Hester 2019) social isolation is not merely a byproduct of abuse but rather a deliberate strategy used by abusers to maintain power and control over their victims. They emphasize that social isolation serves as a means for abusers to cut off their victims from external sources of

support and validation, thereby increasing their dependence on the abuser. This isolation can take various forms, including limiting the victim's access to friends, family, or resources such as finances, transportation, or communication. By isolating the victim, the abuser can exert greater control over their thoughts, behaviors, and emotions, making it more difficult for the victim to seek help or leave the abusive relationship. They highlight how abusers may employ tactics such as monitoring and restricting the victim's communication, manipulating their social interactions, or spreading rumors to discredit them within their social circle.

- *Lack or abuse of alcohol*

The participants mentioned that the alcohol ban during the lockdown caused tensions between partners and sparked arguments that escalated into abuse. With alcohol unavailable, some partners resorted to brewing their own alcohol at home, which contributed to aggressive behaviors. The participants noted that alcohol impaired cognitive function, leading the aggressor to act violently in response to perceived issues. The abrupt cessation of alcohol was particularly challenging for those dependent on it to cope with life's challenges. Many alcoholics experienced withdrawal symptoms they were unprepared for and subsequently directed their frustrations towards their partners.

> "*During lockdown there was no alcohol in the shops but he would sneak in and go kwa Zodwa's place which is the local shebeen and would come back home to cause the fight.*" Participant B, 45 years old.

> "*It made things worse because when I was drunk, we would argue over small things like a remote control.*" Participant K, 47 years old.

Theories on alcohol-related aggression suggest that alcohol and intoxication can escalate aggression by diminishing inhibitions in behaviors, according to Clark et al. (2020). When intoxicated, the aggressor may perceive the victim's behavior as unclear, leading to misinterpretation of the victim's actions as arbitrary and threatening in cases of GBV. Alcohol consumption is associated with an increased risk of intimate partner violence, and the relationship is complex and influenced by individual, situational, and contextual factors. Heavy drinking can exacerbate pre-existing relationship conflicts and increase the likelihood of aggressive behavior (Leonard 2005). The meta-analysis by Foran and O'Leary (2008) found a significant association between alcohol use and IPV perpetration, particularly among individuals with alcohol-related problems. However, they also noted that the strength of the association varied across studies and highlighted the need for further research to understand the mechanisms underlying this relationship. Cafferky et al. (2018) examined the relationship between substance use (including alcohol) and IPV perpetration and victimization. They found a significant association between substance use and both perpetration and victimization of IPV across studies.

4.5. Sub-Theme 2: Participants' Explanation of Forms of GBV

Participants emphasized various forms of abuse, emotional and physical, along with isolation from their social support networks, surveillance of their activities, and control over their financial resources, employment, education, or healthcare access, all exacerbated by the COVID-19 lockdown.

> "*We would fight physically, emotionally and verbally. He would start the fight and I would retaliate. He knows me very well, I do not keep quiet when he is abusing me, I fought for myself. He has got my scars, one day I stabbed him almost to death.*" Participant E, 40 years old.

- *Physical Abuse*

Nearly all participants recounted experiencing physical violence from their partners, which included being subjected to beatings, kicks, and the use of objects as weapons.

"*So he would take his frustration out on me by beating me up*." Participant A, 34 years old.

"*He used a stick and punched me. He broke my arm; I could not walk my whole body was blue. I lost teeth and weight*." Participant C, 52 years old.

"*We ended up wrestling over the phone. He pushed me to the ground and hit me. My bones cracked and I was sent to the hospital*." Participant G, 26 years old.

This aligns with research findings by Smith and Anderson (2018), which revealed that more than one in three women experience physical abuse and/or stalking during their lifetime.

- *Emotional Abuse*

Certain participants recounted instances of emotional abuse, which involved verbal mistreatment by their partners.

"*He would verbally abuse me that I was useless and that I could not provide for myself. He would compare me to other women who are working and make me feel inadequate*." Participant K, 47 years old.

"*My boyfriend always tells me that I am useless, and I will not get someone else*." Participant A, 26 years old.

"*He started to abuse me emotionally by calling me all sorts of different names to discredit me as a woman*." Participant J, 26 years old.

This aligns with existing research indicating that emotional violence frequently encompasses verbal insults, derogatory language, and demeaning behavior towards the other individual. It encompasses actions aimed at embarrassment, humiliation, and disrespect, significantly impacting one's self-perception, self-esteem, and confidence levels (APA 2013).

- *Sexual Abuse*

Sexual abuse involved coercion to engage in sexual activities against the victim's will.

"*During lockdown I fought with my boyfriend over intimacy. He demanded sex and I told him that I was not ready, he beat me up until I was bleeding. I feel like I lost my dignity as a woman. I am angry and bitter. I sought for support with no luck. I lost trust for men to such an extent that I have turned to be a lesbian*." Participant F, 25 years old.

- *Verbal Abuse*

Some participants reported some forms of verbal abuse by their partners. Verbal abuse was expressed in the form of slander, constant criticism, and blackmailing, with the purpose to embarrass, belittle, and threaten since there was restricted access to friends and family.

"*He would verbally abuse me that I was useless and that I could not provide for myself. He would compare me to other women who are working and make me feel inadequate*." Participant K, 47 years old.

4.6. Sub-Theme 3: Consequences of GBV

The participants have noted that the acts of violence have had extensive effects on their health and families, resulting in various outcomes such as mental strain, physical harm, disruption of family dynamics, and decreased engagement within the community. During the COVID-19 lockdown, individuals experiencing GBV encountered distinctive

challenges, worsening existing problems and introducing new consequences such as confinement, heightening isolation from support networks, and complicating help-seeking for GBV survivors. The close confinement, stress, and financial strain during lockdowns escalate tensions, increasing the likelihood of violence for survivors living with abusive partners or family members. The lockdown created obstacles to reporting GBV and accessing support services due to limited mobility, fear of reprisal, and tech access issues. The pandemic-related strains on healthcare and support services resulted in reduced capacity or closures of shelters and crisis centers, reducing options for survivors' safety. The reliance on digital communication exposes survivors to cyberstalking, harassment, and online exploitation, perpetuating trauma and isolation. The economic instability from lockdown increased survivors' dependence on abusers, hindering their ability to leave abusive situations or seek assistance. It disproportionately affected marginalized groups, exacerbating disparities in access to support. LGBTQ+ individuals, migrants, and people with disabilities face compounded barriers to safety and assistance.

> "It *makes me to look at men differently. Not only that but my relationships with people, in general, have been affected. I no longer go out with friends as I would, I am always isolated with thoughts of sorrow and suicide. At my job, my performance is poor, and I attribute this to GBV because I am always anxious and have memory loss.*" Participant G, 26 years old.

Agreeing with this statement, (WHO 2020) indicates that GBV imposes social and economic burdens on women, society, and families, leading to psychological issues like depression, post-traumatic stress disorder, and various anxiety disorders. Additionally, victims often experience physical ailments such as headaches and chronic pain syndromes, as highlighted in this study.

- *Mental Stress*

Participants reported that their encounters with GBV resulted in significant mental strain, manifesting in symptoms like stress, depression, suicidal ideation, and sleep disturbances. The abrupt imposition of the lockdown further exacerbated their distress, catching many of them unprepared.

> "*It has affected me a lot. (sighing) my life has changed; I am always stressed. I think it is depression because I can no longer sleep well at night. I must drink sleeping pills or get at least a "tot" of beer for me to sleep. I am suicidal and constantly thinking about killing myself. I need help.*" Participant A, 34 years old.

These findings align with those outlined by the American Psychological Association (APA 2013) that individuals subjected to intimate partner violence exhibit symptoms akin to post-traumatic stress disorder, including nightmares, intrusive memories, flashbacks, numbness, hyperarousal, and hypervigilance. Moreover, they experience significant episodes of major depression, characterized by temper outbursts, fatigue, feelings of worthlessness, hopelessness, helplessness, irritability, insomnia, and restlessness.

- *Physical impairment*

The participants mentioned experiencing physical injuries, resulting in bleeding, miscarriage, and fractures in their bones.

> "*I was 3 months pregnant during that period, we fought, and he was kicking me, so I started bleeding. My kid called an ambulance, and I was admitted to the hospital. I lost the baby (crying).*" Participant D, 42 years old.

> "*My bones are cracked, and I cannot even wash my own laundry.*" Participant G, 26 years old.

One participant indicated that, due to physical impairment, she could no longer perform well at work.

> "*My job requires much strength, and I can no longer perform optimally due to my broken arm.*" Participant H, 42 years old.

These results align with existing research, which suggests that physical impairment can lead to various health issues such as miscarriages, internal organ damage, vision loss, head trauma, and back pain (APA 2013).

- *Family disorientation*

The participants noted that the violence they experienced disrupted their families, leading to a lack of family support and willingness to assist. Additionally, when they considered leaving the abusive relationships, the perpetrators often resorted to threats to intimidate them. The violence inflicted upon the women led to feelings of embarrassment, contributing to low self-esteem, despair, and even suicidal thoughts. They perceived family violence as a private matter and felt ashamed to discuss their situation with families. Additionally, they hesitated to go to their families due to the visible bruises and swelling caused by their partners' violence.

> "*They are used to us fighting; we fight today, and tomorrow, we forgive each other. I do not think they are willing to listen to me anymore. Even my family has been telling me to leave this guy, but I cannot. It is difficult.*" Participant H, 42 years old.

Rodrigues et al. (2016) suggest that there is often a breakdown in family relationships due to a loss of trust, leading to survivors being marginalized or ostracized by their families and communities due to societal norms. Consequently, they face increased vulnerability to poverty, isolation, and further violence. Some survivors are coerced into marrying their abusers, while others face reprisals for disclosing their experiences or seeking help, including from their own families.

- *Lack of community involvement*

The participants noted that community support was limited during the lockdown, making them hesitant to seek help. They often chose to endure the abuse silently, especially when it was less severe, fearing that seeking assistance might escalate the violence. Concerns about the effectiveness of treatment and the risk of retaliation deterred them from seeking help. Despite unfavorable experiences seeking help from the police and community forums, accessibility issues during the lockdown and financial constraints prevented them from obtaining assistance.

> "*Even the community no longer takes my situation seriously.*" Participant H, 42 years old.

The contrasting results from Daruwalla et al. (2019) suggest that community mobilization shows potential as a population-based intervention in systematic studies aimed at preventing violence against women and girls. A coordinated community response to gender-based violence (GBV) could help overcome some of the obstacles women encounter when seeking help, as highlighted by (UNICEF 2021).

4.7. Sub-Theme 4: Participants' Awareness of Available Support Systems

The participants acknowledged the existence of support systems, yet many could not access assistance during the lockdown period. Some expressed distrust towards the police and the justice system. Additionally, financial constraints prevented some participants from purchasing data and airtime to make necessary calls. Responding to victims of domestic violence during the lockdown pandemic presented unique challenges and risks for both survivors and those providing support. The lockdown measures restricted the availability and accessibility of support services for survivors of domestic violence. Shelters, counseling centers, and legal aid services operated at reduced capacity or faced closures, limiting survivors' options for seeking help and safety. Responding to domestic

violence incidents during the pandemic posed safety risks for both survivors and service providers. The increased tension and stress within households, coupled with limited access to external support, escalated the risk of violence during interventions or follow-up visits. Responders faced heightened health risks due to close contact with survivors or exposure to potentially infected environments. Concerns about contracting COVID-19 impacted the willingness of responders to provide in-person support or enter households where domestic violence was occurring. Remote support options, such as hotlines, online counseling, or virtual court hearings, were the only viable means of assisting during lockdowns. However, survivors faced barriers to accessing these services, including limited internet access, privacy concerns, or lack of familiarity with technology. Maintaining confidentiality and privacy when providing remote support to survivors was challenging. Survivors were unable to speak freely or seek assistance without fear of being overheard by their abusers, compromising their safety and well-being. The strain on healthcare systems and support services during the pandemic limited the availability of resources for responding to domestic violence incidents. Some responders faced challenges in accessing essential supplies, such as personal protective equipment (PPE), or securing emergency accommodation for survivors. Marginalized and vulnerable populations, including LGBTQ+ individuals, migrants, and people with disabilities, faced compounded risks and barriers to accessing support during the pandemic.

> "*Ahh those one is useless, they take bribes. Reporting him to the police would worsen the situation because when he is released, what if he comes after me and my children? It is a risk that I was unwilling to take*." Participant H, 42 years old.

This aligns with reports indicating that abused women returning home after seeking professional help often face victimization again (UNICEF 2021). This sub-theme revealed categories including family, government, and community support systems available for victims.

- *Family support system*

Participants mentioned that the lockdown resulted in isolation from their family's support system.

> "*I usually get help from family members and friends when things are bad. They were also not working, and there was no transport to travel with.*" Participant B, 45 years old.

This aligns with the findings indicating that the family support system was constrained due to lockdown measures and social isolation, especially for individuals with limited access to data and airtime for communication with friends and family. Financial assistance from family or friends played a significant role in their decision to leave abusive relationships (Nduna and Tshona 2020).

- *Government support system*

The participants mentioned the lack of government support and resources during the lockdown, which worsened the abuse they experienced. Some participants expressed frustration and resentment towards the government for implementing lockdown measures without adequately providing resources for abuse victims.

> "*Our government is also not helpful enough on GBV. I have been reporting my situation with no help; instead, they will tell me that I should seek a protection order. The order makes things worse because it is just a piece of paper, my boyfriend will still hurt me if he wants.*" Participant F, 25 years old.

Even though the government and civil organizations like People Opposing Women Abuse (POWA) and the GBV Command Contact Centre offered telephonic counseling to domestic violence victims during the lockdown (Tisane 2020), specific government

shelters were unable to accommodate more women and children as they had reached full capacity, leading to some individuals being turned away (Amnesty International 2022).

- *Community support system*

Participants noted that support services, such as community-based domestic violence assistance, were restricted, with some transitioning to online or telephone interventions. Even when available, individuals facing violence had difficulty accessing these services due to challenges with public transportation to reach law enforcement, social workers, and local NGOs. Some participants mentioned they found relief from violence through referrals from hospitals and the police.

> "*Then, one day, I called 10111 because there was not a community support system to help me, and the officers referred me to this institution. I was admitted for a short while even though it was full of people like me*." Participant B, 45 years old.

Some participants mentioned a shortage of social workers in the area, aggravated by the lockdown, during which none were available for assistance.

> "*The Social Worker in this area is always busy; you have to book a 3 months appointment before you can see her*." Participant E, 40 years old.

Community activists and human rights civil organizations are crucial in providing support to survivors of GBV, as well as their families and friends, offering both mental and physical assistance (Sonke Gender Justice and Health-E News 2017). Additionally, the report highlights that when GBV survivors face rejection from the community due to perceived abnormal behavior, it puts their lives at risk.

5. Recommendations

The study highlights the urgent need to improve gender-based violence (GBV) interventions, particularly at the local community level. A comprehensive preparedness plan is essential to address GBV within pandemic response frameworks. This plan should include protocols for identifying and responding to GBV cases, ensuring the availability of essential services, and prioritizing survivors' needs. It is critical that these plans are not only developed but also effectively cascaded down to local communities, ensuring residents are informed about how and where to seek help.

Currently, when victims are faced with acts of domestic violence, they report it through the local police station which seems not to be effective. A lack of trust in local government structures and inadequate awareness of existing interventions exacerbate the issue. To address this, public awareness campaigns must educate communities about the risks of GBV, the support services available, and the steps to access these services. These campaigns should focus on empowering individuals to recognize the signs of abuse, safely intervene in harmful situations, and seek help. Building transparent and community-centered engagement can also address the existing mistrust and encourage reporting of GBV incidents.

To ensure survivors have access to support during lockdowns or restricted movement periods, remote service delivery mechanisms must be strengthened. This includes investing in infrastructure for hotlines, online counseling, and virtual support groups. Confidential and anonymous reporting mechanisms, such as text-based helplines and online chat services, must also be introduced to enable survivors to seek assistance without fear of reprisal or escalation of violence.

Specialized training for healthcare professionals, law enforcement officers, social workers, and other responders is crucial for improving the response to GBV cases. Training programs should focus on trauma-informed approaches, cultural sensitivity, and confidentiality protocols to ensure that survivors are treated with dignity and respect.

These efforts can help bridge the gap between survivors and local authorities, fostering trust and encouraging the use of available support systems.

The availability of safe emergency accommodation for survivors is another critical area for improvement. Collaboration with local authorities, NGOs, and community organizations can help expand capacity and ensure compliance with public health guidelines. These shelters must provide a secure environment for survivors fleeing abusive situations, particularly during crises like pandemics.

Marginalized and vulnerable populations, including LGBTQ+ individuals, migrants, and people with disabilities, face unique challenges that require tailored support services. Interventions must be inclusive and account for these groups' specific needs to ensure that no one is left behind. Additionally, post-pandemic recovery services are essential to address the long-term psychological, economic, and social consequences of GBV, promoting survivors' healing and empowerment.

Finally, it is necessary to evaluate the effectiveness of existing frameworks, such as the GBVF-NSP developed by the Interim Steering Committee in April 2019. Research should also focus on identifying the obstacles faced by multisectoral organizations in supporting women of different ages, sexual orientations, and gender identities affected by GBV in South Africa. By addressing these gaps, interventions can become more effective, accessible, and responsive to the needs of survivors.

6. Conclusions

GBV is a significant human rights issue affecting public health in South Africa, particularly during pandemics. Understanding its determinants is crucial for developing evidence-based solutions. Interventions must operate at multiple levels within an ecological framework, including individual, community, and societal. However, defining GBV within communities and societies presents challenges due to differing perspectives and interactions among various factors. There is a pressing need for interventions aimed at preventing GBV during pandemics, aligning with the Disaster Management Act in South Africa. Addressing economic disparities, gender inequality, and power differentials is essential, as they underlie such violence. Masculine identity, closely linked to power, also drives GBV. The COVID-19 lockdown worsened GBV, exacerbated by the state's failure to implement initiatives and support for victims. Legislation alone is insufficient; the broader context must be considered, including the implementation and assessment of GBV measures during pandemics.

7. Limitations

The study encountered several limitations during its progression:

Trust issues arose among participants due to the sensitive nature and stigma surrounding GBV, compounded by concerns about potential exploitation via social media, despite the researcher's efforts to address ethical considerations. Some participants declined to be recorded despite assurances of anonymity and confidentiality provided by the researcher.

Author Contributions: Conceptualization, C.N.M., A.G.M. and R.L.; methodology, C.N.M., A.G.M. and R.L.; validation, C.N.M., A.G.M. and R.L.; formal analysis, C.N.M.; investigation, C.N.M.; writing, C.N.M.; supervision, A.G.M. and R.L.; editing, R.L. and A.G.M. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki and approved by the University of Venda Ethics Committee (FHS/22/PH/16/1209) on the 31 January 2023.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data is available upon request.

Conflicts of Interest: The authors declare no conflict of interest.

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