

The ongoing challenge of violence against women and children in South Africa.

Why are we deeper in crisis?

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By Shahana Rasool

Gender Based Violence (GBV) has been referred to as the Shadow Pandemic, since it has tripled internationally from the start of the outbreak of COVID-19. The increased rates of reported GBV around the globe have ranged from 30% to 200%. We have seen high numbers of GBV reports in SA as well, with the GBV toll-free emergency hotline reporting 120 000 calls in the first three weeks of lockdown. Lifeline and Childline hotlines have also reported increased calls. Usually survivors are reluctant to seek help or only seek help many years after violence begins. The reasons that survivors do not seek help are complex, and

include the extensive normalization of abuse among other reasons, that will be discussed further. However, the conditions of lockdown have exacerbated the intensity of GBV to such an extent that some women may be reaching out for help, while others have less access to help and support because of lockdown conditions.

In general, women are more likely to seek help when their lives, or the lives of their children or other loved ones are in danger. Hence, the high levels of reporting are not necessarily indicative of huge amounts of additional women experiencing GBV – it is more likely that more women are

reporting because of the intensification of such violence. Research has shown that much of GBV is hidden, just like much of the iceberg is hidden. Lockdown is revealing the depth of the iceberg. It is likely that the usual coping mechanisms and outlets for survivors of intimate partner violence are no longer available –walks, perpetrator and/or survivor going to work, children being at school, access to social networks etc. Hence, the sudden influx of calls reporting GBV may be because the lockdown conditions have made the usual outlets for dealing with violence unavailable.

LOCKDOWN

Nevertheless, for many women accessing help because of the lockdown, is made more difficult because of confinement with the perpetrator. Under such conditions, a safety plan is critical. The survivors could have code words for when they are in danger, which is shared with a trusted friend or family member so that when the survivor uses the code word, the support person is able to respond in the agreed upon manner. However, this is assuming that the survivor had access to support or information prior to lockdown in order to plan code words and make a safety plan. In fact, perpetrators often isolate their victims and this isolation is exacerbated in lockdown conditions. Victims end up stuck with abusers, and so may have fewer opportunities for escaping. Nevertheless, when situations get desperate, survivors find innovative ways to try to reach out for help. Seeking help is then not a simple issue and is limited by various factors, such as isolation, access to data, knowing where to get help, trust in service providers, ability to find an opportunity to escape safely (sometimes with children, other times they have to leave them to escape for survival, which is not ideal); overcoming fear, and so forth.

It is important to note though, that most GBV is not necessarily new, but probably more intensified under lockdown. This can be attributed to the social cultural norms that perpetuate GBV and gender inequality, which remain entrenched in society. The lockdown conditions have aggravated an already persistent problem that we have not tackled effectively. What lockdown has done is to reveal the deeply embedded inequalities that permeate our societies and families. It has also given rise to, or intensified newer forms

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of, harassment such as cyber or online sexual harassment that has increased since lockdown. Many of us have experienced this on Zoom, among other platforms. Horrific forms of online sexual harassment have been highlighted, since more people are increasingly engaged on online platforms, and perpetrators are taking advantage of these spaces to victimize women. Moreover, the increased militarization of society in response to Covid-19 has increased women’s vulnerability to violence.

SOCIO-CULTURAL NORMS

The reasons that we are still stuck with GBV are two-fold. First, we have not been able to shift our responses and make our services appropriate and relevant for survivors of GBV. This relates to the second and more persistent problem, which is the deeper issue of structures, institutions and attitudes that are deeply patriarchal. Working with the drivers of GBV – such as patriarchy and gender inequality- are an ongoing challenge. Whilst we have engaged in training the police, developing gender sensitive policies, creating women’s policy bureaus, increasing quotas etc., the underlying socio-cultural institutional arrangements remain deeply entrenched in patriarchy.

People often ask why women stay in violent intimate relationships. A critical reason is linked to the socio-cultural norms that perpetuate gender inequality and violence against women. Various constructions of gender, family, and marriage keep women tied to violent relationships. Women are expected to be the guardians of families and thereby have the responsibility of keeping the family together, even in the face of violence. In the same vein, women are expected to keep the marriage intact and do whatever necessary- including sacrificing themselves- to ensure that the marriage does not end.

If, as families and friends, we prioritized the safety of women and children over these ideas of family and marriage, we could reduce both GBV and femicide. We know that there are high rates of femicide in South Africa- a woman is murdered every 4 hours in South Africa. We have recently seen the reports of three such cases in Mpumalanga alone. Hence, it is only when we realize the extent of the risk and danger that living in an abusive relationship presents to both women and the children, could we reduce femicide levels.

CO-OCCURRENCE OF WOMAN AND CHILD ABUSE

Women and children are most insecure in their homes where they should be safest. Yet, we expect women to stay in violent relationships for these children in order to keep the family together. Of course nobody wants to break-up functional families. However, is this the appropriate option in situations where the lives of women and children are at risk? Why is the pressure not on the abuser to change his behavior instead of on the woman to stay and to make the relationship work? Staying for the children ignores the risk that gender based violence presents for both women and children. We often forget the impact of witnessing abusive behaviour on the emotional state of children, as well as the long-term consequences of exposure to abuse for society. Moreover, research has shown the co-occurrence of woman abuse and child abuse. Research also points to the relationship between witnessing abuse and the likelihood of either the perpetration of abuse or its victimization, as children who are exposed to abuse are more likely to become perpetrators or victims themselves- and the cycle continues unabated. Hence, staying in an abusive relationship for the children is not a solution.

NORMALISATION OF ABUSE

Despite the impact on children, the extensive normalization of abuse in intimate relationships continues. With such adages as: 'he didn't mean it', 'abuse is a sign of love', 'marriage is not a bed of roses', 'he wouldn't beat you if he didn't love you'. Many abused women seek solace in the counsel of older women, who often share similar stories of their own experiences of victimization that contributes to normalizing such abuse. Abuse has become so normalized, for some women and

communities, that seeking help is not always even a consideration. Moreover, women's economic dependence makes escaping abusive relationships complex when options are limited.

FINANCIAL INSECURITY

The continued economic dependence of women, their lower salaries than men in similar positions, working in insecure and casual labour, managing the triple burden of care, all impact on women's financial security. In some cases where they do earn an income, especially in domestic violence situations, they may not have control or access to that income. Hence, economic abuse is one of the forms of GBV that is least spoken about. Additionally, increased financial stress on families in the current economic crises, generated by lockdown and limited options for financial activity, could have contributed to increased GBV. Often financial dependence on abusive partners or limited access to or control of resources in the household, make it difficult for survivors to leave abusive relationships.

PSYCHOSOCIAL IMPACT

GBV also affects the psychosocial well-being of the survivor. Fear, depression, anxiety, and other repercussions on the mental health of the survivor, impact on the ability of the survivor to seek help or/ and leave an abusive relationship.

SERVICE PROVISION INADEQUACIES

Seeking help is also complicated in an environment where service provision is unreliable, mistrusted, inefficient, complicated, inaccessible and often unhelpful. For many communities and survivors, there is mistrust of the police, limited clarity of how social services can help, inadequate knowledge of where psychosocial services can be accessed, limited faith in the criminal justice

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system, difficult and alienating bureaucracies, etc. that make reaching out to formal services improbable. Moreover, women are reluctant to use the criminal justice system, as they do not want their children seeing their father arrested. Often times, family members support the abuser and victimize survivors for reaching out to the criminal justice system. Reporting abusers to the police can be stigmatized and women may be isolated and chastised for doing so, instead of receiving support from family and friends. Hence, work needs to be done in communities so that informal networks, which form the first line of reporting for women, are enabled to become more supportive and knowledgeable on how to assist survivors better. This is critical, as survivors are most vulnerable when they are trying to leave abusive relationships. Protection and support from both the community and the police is critical when women are seeking help and trying to leave.

VULNERABLE GROUPS

Under lockdown conditions, access to services for rural women are even more limited because of their geographical distance from hospitals, police, courts, social workers etc. They are often also economically marginalized where access to data, electricity, unstable networks for calls and other ways of reaching out online for help, are inadequate. Hence, rural women are extremely vulnerable as their options for reporting are minimal with COVID-19, especially with travel limitations. Migrants, refugees, people living in other people's homes, temporary workers, LGBTQI+ communities are also usually at greater risk with less pathways for help

SUGGESSTIONS AND OPTIONS FOR CREATING CHANGE

CRIMINAL JUSTIVE SYSTEM

Much still needs to be done to overhaul the patriarchal underpinnings of the criminal justice system that makes services unfriendly and inaccessible to women. The procedures for accessing a protection order remain complex and alienating, particularly for survivors who are already stressed and traumatized.

Extensive work still needs to be done to improve the conditions (like privacy and comfort) of reporting spaces at police stations for survivors. It is necessary to improve the facilities available

for police officers to assist survivors, as much as facilitating the transmission of appropriate knowledge, attitudes and practices for police officers. There also needs to be systems in place that hold police accountable when they do not record reports of survivors, do not respond to warrants of arrest or do not remove the firearms of perpetrators after incidents of GBV.

A strong court support program that deals with the physical, emotional and logistical needs of survivors needs to be enabled. Pre, during and post- court support needs to be available to survivors. Other women who can guide, support, and assist a survivor through the reporting and court process are critical in this difficult process.

Ensuring that protection orders are served on perpetrators (within 24 hours) at no cost to survivors, should be prioritized. This could be facilitated by making protections orders available via the internet which is then widely publicized so women are aware of it.

COMMUNITY INTERVENTIONS, MONITORING AND FUNDING

Outreach work needs to be done in communities such that there is zero tolerance for violence against women and children. Ideally any person who a survivor reaches out to should become a 'safe space' for them.

We need to think through ways to help survivors remain safely in communities if they do not want to go through the criminal justice system but still need protection. We can do this by enabling family and friends to assist in providing care and protection to women in their own homes or in the community. There needs to be a few people or safe houses as 'go to' places in every community. Awareness need to be created about these spaces so that survivors can use them if they need to escape – community networks are crucial to this process.

Better monitoring and evaluation of responses to GBV in the health, social services and criminal justice sectors are needed. Consequences for non-compliance with protocols for best practice need to be both clear and implemented.

Awareness of the role of social workers and community workers in dealing with GBV needs to be made clear to communities so that they can reach out for help. These services also need

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to increase their accessibility and availability. All these responders need to be enabled to do their jobs through the provision of appropriate resources and improving the conditions for multi-disciplinary interventions.

Improving the infrastructure, knowledge, attitudes and service provision of victim empowerment centres, Thutuzela care centres and other social service professionals to better serve the needs of survivors is critical. Comprehensive multi-disciplinary services, through the extension of one-stop centres that work effectively together, is critical. Training, education and public awareness campaigns on how to prevent, intervene and get help for GBV may all coalesce in these one stop centres.

COVID screenings can be used as opportunities for GBV screenings to identify vulnerable women and children, as well as to help women to develop safety plans.

These measure all rely on adequate funding for GBV interventions, which would indicate a clear commitment to this issue from both government and the private sector.

PREVENTION

A prevention messaging programme about how to prevent, intervene, and get help for GBV needs to be available in public places such as supermarkets, food distribution points, pharmacies, community health workers involved in testing, etc.

Hot spots and other places where women will be more at risk of sexual violence need to be publicly identified - such as empty roads and buildings. Improving safety and protection in isolated routes and hot spots for sexual harassment and rape is critical.

Educational programmes in schools about appropriate behaviour in intimate relationships to prevent GBV needs to be implemented.

Support programmes for children and young people who have witnessed GBV or been victims of child abuse are essential if we are to prevent the ongoing intergenerational cycle of violence.

CHANGING THE LANDSCAPE

We need to shift to a victim/survivor centered approach in reality, not just in theory. Perpetrators must be asked to leave if they are abusive. The development of semi-correctional facilities needs to be established for cases in which a protection order has been violated and there is a warrant of arrest attached. Women and children should not be displaced from their homes, having to deal with the effects of dislocation after experiencing abuse and its psychosocial impacts on their wellbeing. They should receive protection and economic support to stay in their homes while the perpetrator should rather be moved.

It is important that men hold each other accountable for sexual harassment and GBV, rather than ignoring it when they are witnesses, as that this is tantamount to complicity.

CONCLUSION

Whether there is or is not an increase in GBV is unclear. What is clear is that the numbers of GBV are high, the responses are not as effective as they need to be while the availability of user-friendly accessible and appropriate services and responses, need to be increased. COVID-19 and lockdown has exacerbated psychosocial and economic conditions that already make seeking help for GBV difficult; this is worse for groups who are more marginalized such as LGBTQI+ community, rural women, migrants and refugee communities. It is clear that despite the development of progressive legislation to deal with domestic violence, as well as the establishment of gender policy bureaus and many women representatives, there is still much that needs to be done to address GBV effectively under Covid-19 restrictions, and in general. We have not done enough around working with young people for the prevention of the intergenerational cycle of abuse, for example. Hence, despite efforts over many years by GBV organizations, shelters, and women's movements, the shifts have been slow because the underlying structures and systems of patriarchy that perpetuate gender inequality and violence against women and children remain. ■