The COVID-19 Pandemic and Its Impact on Gender-Based Violence: A Global Review and Analysis

Patrick Bashizi B Murhula,¹ Shanta B Singh² & Sunshine M Myende³
University of KwaZulu-Natal, South Africa

Abstract
In pandemic crises such as the COVID-19, violence based on gender grows more acutely and in order to develop and implement effective prevention strategies to combat the increase of gender-based violence during pandemics, careful consideration has to be given to factors that influence it. This study examines the main causes of gender-based violence during the COVID-19 pandemic. The study makes use of secondary data such as peer-reviewed articles and is discussed based on the ecological theory. Its findings prove that since the outbreak of the COVID-19, gender-based violence has increased in several countries around the world due to measures put in place to control the spread of the virus. The results highlight the need to develop effective intervention and prevention strategies to reduce gender-based violence during this pandemic.

Keywords: Gender-Based Violence, COVID-19, Pandemic, Ecological Framework, Public Health.

Introduction
Around the world, there has been concern about the rise in the number of gender-based violence (GBV) cases as governments have placed their citizens under lockdown to avoid the spread of COVID-19. According to the United Nations Policy Brief (2020) on COVID-19, GBV is increasing exponentially due to economic and social stress, coupled with restricted movement and social isolation. Many victims are forced to “stay in

¹ Postdoctoral researcher, College of Law and Management, University of KwaZulu-Natal, South Africa. Email: murhulab@ukzn.ac.za
² Professor and Lecturer in the Department of Criminology and Forensic Studies, University of KwaZulu-Natal, South Africa. Email: singhsb@ukzn.ac.za
³ Master’s degree in Criminology and Forensic Studies, University of KwaZulu-Natal, South Africa. Email: 212514310@stu.ukzn.ac.za /sunshine.myende367@gmail.com
confinement” at home with their abusers while support services for victims are disrupted or inaccessible.

The United Nations (UN) general assembly (1993) defined GBV as “any act of gender-based violence that results in or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”. A similar definition is from Ott (2017), who defined it as any act or threat by men or male-dominated institutions that inflict physical, sexual, or psychological harm on a woman or girl because of their gender.

Gender-based violence is not limited to a particular country, region or culture. It is present in all countries, in all social strata, ethnic or cultural groups. According to the United Nation’s Population Fund (2017), one in three women experiences sexual or physical violence in their lifetime. That is not including emotional, financial, or verbal abuse. Although GBV threatens the health, dignity, security and independence of its victims, it remains surrounded by a culture of silence (United Nations Population Fund, 2017).

The prevalence of GBV worldwide is largely due to systemic gender inequality that disempowers women and stifles their voices so that their stories are not heard, and their natural human rights can be more easily taken away. The cycle of violence is further perpetuated by lack of justice, a dearth of available resources, or lack of economic opportunities which leads to the victim being dependent on the abuser (Ott, 2017).

With the arrival of the COVID-19 pandemic and following the confinement measures put in place to stop the spread of the virus, many victims of GBV find themselves confined in toxic homes for several weeks where daily victimisation increases due to many factors. Therefore, the present article theoretically analysing the main causes of GBV during the COVID-19 pandemic and provides a long term approach to prevent GBV, at the onset, during, and after the COVID-19 crisis.

The paper starts with an overview of the impacts of GBV on the victims and then focus on the ecological model to explain the various factors that come into play in GBV. This is followed by the research methodology employed in this study. Lastly, more importantly, it analyses and discusses the findings of the study before concluding.

Overview of the Impacts of Gender-Based Violence on the Victims

Gender-based violence is a significant health and social problem affecting virtually all societies, but often it goes unrecognised and unreported and in many countries, it is still accepted as part of normal behaviour (Heise, Raikes, & Watts, 1994). According to Sanjel (2013), GBV remains one of the most rigorous challenges of women’s health and well-being.

According to the World Health Organisation (2017), it is estimated that 35 per cent of women worldwide have been victims of GBV at some point in their lives. However, some studies in the Middle East and Africa show that up to 70 per cent of women have experienced physical and/or sexual violence from an intimate partner in their lifetime (World Health Organisation, 2017). It is estimated that of the 87,000 women who were intentionally killed in 2017 globally, more than half (58 per cent) were killed by intimate
partners or family members, meaning that 137 women across the world are killed by a member of their own family every day (World Health Organisation, 2017).

Furthermore, evidence shows that women who have experienced GBV report higher rates of depression, having an abortion and acquiring HIV, compared to women who have not (United Nations Women, 2019). Research also indicates that this violence results in a series of immediate and long-term physical, mental and sexual health problems (Heise & Garcia-Moreno, Violence by intimate partners, 2002) (Jewkes, Sen, & Garcia-Moreno, 2002). The poor health outcomes associated with this violence compare in importance to those that arise from many other better-known health risk factors. For example, a study using the disease burden method in Australia found that among women aged 18 to 44, GBV was associated with 7% of the overall burden of diseases (Sanjel, 2013). This form of violence was more important than the factors usually taken into account, such as high blood pressure (hypertension), smoking and being overweight (Vos, 2006).

GBV has been found to have detrimental effects on women, including injuries, sexual and reproductive health issues, mental health disorders, sexually transmitted infections, gynaecological disorders, adverse pregnancy outcomes, an increased risk of non-communicable disease, and impacts on the health and wellbeing of their children (Fulu, 2016; Ellsberg & Heise, 2015). Another health effect of GBV is that it increases women’s risk of several other health problems, including chronic pain, physical disability, drug and alcohol abuse, and depression (Heise, Ellsberg, & Gottemoeller, 1999). GBV also has a negative impact on a country’s human, social, and economic development and is an underlying obstacle to eliminating poverty and building peace (Fulu, 2016; Ellsberg & Heise, 2015).

The Ecological Model and GBV

The ecological model provides a framework for understanding the complex interaction of the various factors that come into play in GBV. The ecological model is now extensively used to describe the multiple levels (societal, community, relationship, individual) at which factors operate to influence GBV risk (Heise & Garcia-Moreno, Violence by intimate partners, 2002), and there is growing recognition that as well as targeting individuals, violence prevention strategies must address the social, cultural and economic contexts in which GBV occurs.
Figure 1: Ecological model for understanding GBV

Source: (Krug, Mercy, Dahlberg, & Zwi, 2002)

Societal and community levels factors have been shown empirically to be linked to women’s risk of experiencing or men’s risk of perpetrating GBV (Koenig, Stephenson, Ahmed, Jeebhoy, & Campbell, 2006) and male authority over female behaviour (Heise & Kotsadam, 2015), norms granting men economic and decision-making power in the household (Levinson, 1989), low levels of autonomy among women (Koenig, Ahmed, Hossain, & Khorsheed, 2003), lack of easy access to divorce for women (Levinson, 1989), low literacy rates (Ackerson, Kawachi, Barbeau, & Subramanian, 2008), low levels of female education (Heise & Kotsadam, 2015), high levels of poverty and unemployment (Gage, 2005), and lack of community sanctions against GBV (Counts, Brown, & Campbell, 1992). These contexts, in turn, engender many of the individual and relationship level factors associated with increased risk of GBV, such as childhood experience of abuse or exposure to violence between parents, attitudes accepting of violence against women, low levels of education, harmful use of alcohol or drugs, economic stress, conflict or dissatisfaction in a relationship, male dominance in the family, and men having multiple partners (Jewkes, Sen, & Garcia-Moreno, 2002)
### Table 1: Risk Factors for Violence based on the Ecological model

<table>
<thead>
<tr>
<th>Societal</th>
<th>Community</th>
<th>Relationship</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broad factors that reduce inhibitions against violence.</td>
<td>Neighbourhood, Schools and workplaces</td>
<td>With family, intimate partners and friends</td>
<td>Personal factors that influence individual behaviour</td>
</tr>
<tr>
<td>• Poverty</td>
<td>• High Unemployment</td>
<td>• Family dysfunction</td>
<td>• Gender, age, and education</td>
</tr>
<tr>
<td>• Economic, societal and gender inequality</td>
<td>• High population density</td>
<td>• Intergenerational violence</td>
<td>• A family history of violence</td>
</tr>
<tr>
<td>• Poor social security</td>
<td>• Social isolation of females and family</td>
<td>• Poor parenting practices</td>
<td>• Witnessing GBV</td>
</tr>
<tr>
<td>• Masculinity linked to aggression and dominance</td>
<td>• Lack of information</td>
<td>• Parental conflict involving violence</td>
<td>• Victim of child abuse or neglect</td>
</tr>
<tr>
<td>• Weak legal and criminal justice system</td>
<td>• Inadequate victim care</td>
<td>• Association with friends who engage in violent or delinquent behaviour</td>
<td>• Lack of sufficient livelihood and personal income</td>
</tr>
<tr>
<td>• Perpetrators not prosecuted</td>
<td>• Schools and workplaces not addressing GBV</td>
<td>• Low socioeconomic status</td>
<td>• Unemployment</td>
</tr>
<tr>
<td>• No legal rights for victims</td>
<td>• Weak community sanctions against GBV</td>
<td>• Socio-economic stress</td>
<td>• Mental health and behavioural problems</td>
</tr>
<tr>
<td>• Social and cultural norms support violence</td>
<td>• Poor safety in public spaces</td>
<td>• Friction over women’s empowerment</td>
<td>• Alcohol and substance abuse</td>
</tr>
<tr>
<td>• Crisis</td>
<td>• Challenging traditional gender roles</td>
<td>• Family honour more important than female health and safety</td>
<td>• Prostitution</td>
</tr>
<tr>
<td>• Conflict or post-conflict</td>
<td>• Blaming the victim</td>
<td></td>
<td>• Refugee internally displace</td>
</tr>
<tr>
<td>• Internal displacement</td>
<td>• Violating of victim confidentiality</td>
<td></td>
<td>• Disabilities</td>
</tr>
</tbody>
</table>

**Sources:** (Heise & Garcia-Moreno, 2002)
Methods

Social, legal, anthropological, and medical literature on GBV was reviewed. Research articles and commentaries were found through searches in a variety of databases: Academic Search Premier, eScholarship, PubMed, Social Science Research Network (SSRN), and the Google Scholar; websites maintained by the United Nations (United Nations Population Fund, World Health Organisation, Office of the High Commissioner for Human Rights, United Nations Entity for Gender Equality and the Empowerment of Women, United Nations Population Fund, United Nations Women) and other national and international health organizations were explored.

Search terms were GBV, violence against women, intimate partner violence, domestic violence, women battering, wife abuse, pandemic, coronavirus, COVID-19, ecological model, crisis. Many of these terms relate specifically to GBV. Inclusion and exclusion criteria were applied to narrow the articles to those most relevant to the study. Studies, emphasizing the relationship between the impacts of the COVID-19 pandemic on GBV and contemporary prevention effort conducted during this pandemic, were included in this review. Studies in peer-reviewed and grey literature were identified using the following inclusion criteria: a clear description of the association between pandemics (COVID-19) and GBV; and GBV preventions strategies during pandemics. Exclusion criteria was unpublished studies and/or non peer-reviewed publications.

In this study, thematic analysis was chosen as the appropriate type of data analysis. Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within the data and is perceived as a foundational method for qualitative analysis. Using this approach, the journal database search identified 1800 records (Figure 2), of which 1500 titles and abstracts were screened (after duplicates removed); 1350 records were excluded according to title and summary, and 150 were selected for full-text screening. Full-text review excluded 107 articles that did not meet the inclusion criteria noted earlier. After full-text review was complete, 43 articles that met inclusion criteria remained. We extracted and analysed the findings from each of the included records in a standardised evidence table, namely: reference (i.e., author, year, journal), study characteristics (i.e., study design, study objective), study population, sample description (i.e., sample size), data sources, level of evidence, and outcome. We considered the following themes of interest: causes of GBV during pandemic (COVID-19) and prevention of GBV during pandemic (GBV).
Figure 2: Flowchart of article identification, screening, and inclusion

Results and Discussion
This study examines the main causes of GBV during the COVID-19 pandemic and provides a long term approach to prevent GBV. In total two themes were developed to be analysed: (1) Causes of GBV during COVID-19 Pandemic and (2) Preventing GBV during the COVID-19 Pandemic and beyond. The results were discussed based on the ecological theory.
Causes of GBV during COVID-19 Pandemic

Results of this study demonstrate that GBV is worsened in the context of COVID-19. Across the world, civil society groups, GBV advocacy organisations and other social justice groups have reported an increase of incidents related to violence against women and children, and heightened demand for emergency shelters as stated by Rina van der Berg, who runs Grace Help Centre which is a shelter for abused women and children in South Africa: “...we have received a higher number of calls and reports from the police which are related to gender-based violence. This can be linked to the lockdown because children are not going to school and couples are spending more time together at home. More people are losing their income, and this has increased their frustration which is now being released on their partners. The number of people calling the centre to ask for help and guidance with domestic violence issues has also increased”.

During the first week of lockdown in South Africa, for example, 87 000 cases of GBV were laid with the police; and as the lockdown continues, GBV activists have ramped up their efforts providing resources and care to those in need (Lefa$a, 2020). The high number of cases of GBV in South Africa is justified by the economic stress caused by the COVID-19 pandemic. Due to COVID-19, the South African government like other governments around the world imposed a lockdown to all its citizens to reduce the spread of the virus. This had a negative impact on the financial income of many families. According to the ecological model on GBV, a person’s behaviour is a result of the interaction between the individual and the context they are exposed to. The ecological context includes influences such as the physical, social, economic and political environments as factors that contribute to GBV. In the context of the COVID-19 pandemic, economic anxiety is one of the factors that influenced much on the rise of GBV in South Africa. A similar observation can be seen in other developing countries such as India, Brazil and Kenya. According to Nigam (2020) since the mandatory lockdown has been imposed in India, violence against women is exponentially rising especially in poor families without any support services being made available to them. Beside economic concern in developing countries, lockdown is known to impact individuals’ psycho-social well-being. According to the ecological model, feelings of depression, boredom, anxiety and worry are common factors that increase GBV. Furthermore, abusers exploit the current pandemic and use misinformation about the virus to extend their power and control over victims, using the COVID-19 as a scare tactic to further isolate victims from their support facilities for fear of infection (Lefa$a, 2020).

Furthermore, recent empirical data around the world show a significant increase in GBV in developed countries as well due to COVID-19 pandemic. According to the United Nations Entity for Gender Equality and the Empowerment of Women (2020), in France, for example, cases of domestic violence have increased by 50 per cent since the lockdown on March 17; in Canada, Germany, the United Kingdom, and the United States, government authorities, women’s rights activists and civil society partners have indicated increasing reports of GBV during this crisis, and/or increased demand for emergency shelter. Based on the ecological model, the causes of the rise of GBV in these countries can be understood by the physical and social environments in which victims and/or perpetrators are in. Developed countries do not have much financial problem, however, lockdown is fostering the tension and strain created by security and health
worries. It is increasing isolation for women with violent partners, separating them from the people and resources that can best help them. Lockdown during this pandemic made women to worry about their physical safety or experience additional mental or emotional distress, making it even more difficult to create necessary space in the relationship and mitigate immediate risk for violence.

**Preventing GBV during the COVID-19 Pandemic and beyond**

During pandemics such as COVID-19, measures to control the spread of the disease dramatically change the environment in which victims of GBV live, increasing their vulnerability to abuse, neglect, violence, exploitation and psychological distress. Therefore, understanding and identifying risk factors that increase cases of GBV during COVID-19 is critically important for informing strategies and programmes to reduce risk and designing interventions.

During COVID-19 pandemic, in the immediate term, GBV has to be tackled by strengthening and enhancing multi-sectoral services at all levels. Victims must have rights to protection and access to services as stated by Michelle Bachelet, the head of Office of the High Commissioner for Human Rights (OHCHR, 2020, p. 12): “...services must be based upon victims’ needs and safety... services must be effectively coordinated in development and humanitarian contexts and include health sector response to gender-based violence including reproductive health, medical and psychosocial support; adequate police and justice response including legal aid to survivors; and economic services...”.

Furthermore, the United Nations Special Rapporteur on Violence Against Women, Ms Dubravka, has called on governments to take urgent measures to combat GBV in the context of COVID-19 lockdowns by working closely with shelters run by Non-Governmental Organisations (NGOs) to ensure that services remain accessible and available to victims of GBV by making available online and additional telephonic reporting and counselling services (OHCHR, 2020). Furthermore, she explained that the availability of shelters is very important as a refuge place for victims of GBV for the reason that: “the risk [of GBV] is aggravated in a time when there are no or fewer shelters and help services available for victims; when it is difficult to access those that are still open; and when there is less community support; fewer police interventions and less access to justice as many courts are closed” (OHCHR, 2020, p. 17).

Measures to protect GBV victims must remain available or be adopted during the COVID-19 crisis. This includes ensuring access to protection by restraining orders and the police should increase their efforts for rapid action. The International Commission of Jurists also has urged governments around the world to implement their human right obligations to eliminate GBV, an obligation that is even more urgent during this public health emergency (ICJ, 2020).

Countries must also increase efforts to raise awareness of the criminal nature of GBV and the services available to victims. Such measures and services should include physical and mental healthcare services, and police and justice services. All cases of GBV must be effectively investigated and perpetrators brought to account despite the pressure placed on policing capacity during lockdowns. Importantly, in addition to these immediate
measures, countries around the world must also undertake long-term measures to curb GBV.

According to the ecological model, a long-term approach to curb GBV must address biological, psychological, social, cultural, economic and political factors that increase victims’ likelihood for experiencing violence as well as perpetrators’ likelihood for committing violence. Therefore, prevention policies and programmes for addressing GBV need to address holistically the four levels of the ecological framework (societal, community, relationship, and individual) that contribute to GBV. This approach is more likely to sustain prevention efforts over time compared to any single intervention.

At societal level, prevention strategies entail efforts to increase women’s economic empowerment that enhance women’s bargaining power and the ability to leave abusive relationships. Increasing women’s economic empowerment is crucial for longer-term prevention of GBV. Women’s economic empowerment interventions which also address gender norms and reach couples and communities can reduce such risks.

Prevention strategies at community level must include a community-based approach that ensures that affected populations are actively engaged as partners in developing strategies related to their protection and the provision of humanitarian assistance. This approach involves direct consultations with women, girls and other groups at-risk to identify the real cause of GBV in their communities and to implement solutions. Furthermore, there is a necessity to transform norms and behaviour that underpin GBV in the community. According to Sida (2015, p. 17): “the logic of gender-based violence is based on gender stereotypes, such as ideals linking masculinity to the provider role, macho behaviour and violence as well as ideals linking femininity to chastity, submission and victimhood. Prevention efforts should start early in life and be directed at girls and boys. Both non-formal education and formal education are important sites for normative change and have the potential to address gender inequalities and prevent GBV”.

Lastly, prevention strategies at individual and relationship levels should focus on changing individual’s attitudes, beliefs and behaviours that encourage GBV. Specific approaches may include education and training in life skills, community mobilisation or public awareness campaigns. These interventions aim at increasing individual knowledge, changing attitudes towards gender norms and violence, and changing social norms around masculinity, power, gender and violence. Similarly, Hanson and Broom (2005, p. 6) stated that: “…interventions targeting potential abusers aim to reduce the occurrence of gender-based violence behaviours by reducing the individual’s risk factors…”.

Furthermore, according to Campbell (2002), prevention initiatives that seek to change individual’s attitudes and beliefs on GBV by involving men in the process run the risk of producing positive effects.

Conclusion and Recommendations

Since the outbreak of COVID-19, GBV has increased in several countries around the world. Measures putting in place to control the spread of the COVID-19 dramatically change the environment in which victims of GBV live, increasing their vulnerability to abuse. Restrictions in movement and increased socioeconomic pressures around the world have led to an increase in GBV since the start of the COVID-19 pandemic. To mitigate the risks faced by victims of GBV as a result of COVID-19, it is important to enforce and
improve victims’ services at all levels. Such services should include physical and mental healthcare as well as police and justice services. All cases of GBV during COVID-19 must be effectively investigated and the perpetrators must be brought to book despite the pressure placed on policing capacity during the lockdown. Governments around the world must increase efforts to raise awareness of the criminal nature of GBV, adopt and implement effective legislative and other appropriate preventive measures to address the underlying causes of GBV, including the neglect or denial of women’s educational, economic, social and cultural rights, and to promote women’s empowerment.

Acknowledgments
We would like to thank the International Journal of Criminal Justice Sciences Managing Editor, Dr Curtis Blakely, and the anonymous reviewers for providing constructive comments on this article. We also gratefully acknowledge the guidance and valuable comments from Prof Geoff Harris to the early version of this article.

References


