

Experiences of Female Gender-Based Violence Survivors During the Covid-19 Induced Lockdown: Insights from Epworth, Zimbabwe.

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ABSTRACT

Gender-Based Violence (GBV) continues to raise its ugly head in society, depriving people of their right to a safe and peaceful life. Women are not spared from this predicament despite numerous efforts by civil rights activists, governments and non-governmental organizations to minimize GBV and its impact. The Covid-19 induced lockdown promoted isolation and confinement in homes. Confinement to homes fostered tension and strain linked to financial, security and health problems; hence the lockdown became a perfect breeding environment for aggressive behavior. This study examined the experiences of female GBV survivors during Covid-19 induced lockdown in Epworth. The study used the descriptive research design to explore the nature of abuse and the effects of the experiences on GBV survivors during lockdown. Non-probability sampling was used to select the participants of this study through purposive sampling. Key-informants and GBV survivors constituted the sample which participated in the research. The findings revealed how over 50% of the female GBV survivors were exploited into having sex or performing sexual acts by their male partners during the restricted movements.

Keywords: Gender Based Violence, COVID-19, Restrictions, Psychosocial

INTRODUCTION

Background

Gender-based violence (GBV) is a prevalent issue that transcends boundaries of gender, affecting both men and women. While the majority of cases are often associated with women and girls, it is important to recognize that men and boys can also be victims of such violence. Women and girls are particularly vulnerable to gender-based violence during epidemics due to various factors including limited involvement in household decision-making, weakened social safety nets, restricted mobility, and decreased access to essential services (Shamaki et al, 2023). Social isolation and confinement are linked to stress, fear, poor mental health and mental disorders while creating conditions for gender-based violence to occur. The conditions are a breeding ground for violence since family members are in close contact under conditions of duress for long periods of time. In addition, perpetrators of violence tend to reinforce abuse tactics during social isolation. Pandemics are known to destroy social infrastructure thereby compounding existing weaknesses in conflict and disaster settings (UNWOMEN, 2020).

During the COVID-19 outbreak in China, increased risks of intimate partner violence were noted with

reports that police were receiving increased complaints of intimate partner violence involving sexual exploitation, transactional sex, survival sex and abuse by community members. According to one report, the number of domestic violence cases reported to a police station in Jinzhou, a city in Hubei Province, tripled in February 2020 compared to the same period the previous year (Allen-Ebrahimian, 2020). While data is scarce, reports from China, the United Kingdom, the United States and other countries suggest an increase in domestic violence cases since the COVID-19 outbreak.

In the United Kingdom, it is reported that the decision to leave a relationship with an abusive partner was complex when perpetrators used isolation as a tool to exert power and control. Various organizations made calls to the hospitality industry to avail hotel rooms to victims of violence or those living with abusive partners during lockdown, more so, for migrant and asylum-seeking women (Wenham, Smith and Morgan, 2020).

In Africa, the Great Lakes region in particular, women and girls required gender-based violence services even more during the COVID-19 pandemic, suggesting that services decreased as more resources were channeled to dealing with the pandemic. In the borders between Burundi and Uganda, frontline workers reported that there was an increase in requests for help on domestic violence related issues by survivors. In addition, health service providers who were preoccupied with dealing with COVID-19 cases were instead finding themselves dealing with more cases of domestic violence against women (Khem, 2020).

In Zimbabwe, COVID-19 restrictions brought about mitigating measures against the spread of COVID-19, yet there seemed to be no specific measures of assisting victims of gender-based violence during times of restricted movements. Smith (2019) posits that the gendered impacts of disease outbreaks were not addressed by government policies and public health institutions; similarly, the response to COVID-19 was no different. According to Sachiti (2020), reports of GBV spiked following the introduction of Zimbabwe's COVID-19 restrictions. This was confirmed by the national GBV hotline run by *Musasa*, a gender based violence organization, where there were 764 reported cases of GBV compared to 500-600 cases a month prior to COVID-19 restrictions. In addition, about 94% of the calls to *Musasa* were from women (OCHA 2020). *Musasa* observed a 43% increase in reports of GBV in May 2020 compared to the same month the previous year (SAFE, 2020). According to UNFPA (2020), a range of NGO services and actors responding to GBV reported an increase in reports of GBV through online facilities and messaging platforms during lockdown periods.

Statement of the problem

The study had been stimulated by the ever-present problems of gender-based violence against women where their rights to a safe and peaceful life are being abused. Women often suffer from all forms gender based violence during imposed restricted movements, yet there is a continued lack of understanding about the specific challenges and experiences faced by female survivors of gender based violence during lockdown. The COVID-19 pandemic and its restrictions on movement resulted in the limited availability of shelter and services offered to victims of GBV, thereby exacerbating gender-based violence on women.

Research Questions The current study was undertaken to answer the following research questions as informed by the research objectives:

- Do GBV survivors have knowledge about GBV?
- What are GBV survivors' experiences with sexual and emotional abuse?
- What are GBV survivors' experiences with financial abuse?
- What are GBV survivors' experiences with physical abuse?

LITERATURE REVIEW

Introduction

This chapter presents an overview of the theoretical discourse underlying the study. Included in the chapter is a detail on definitions of gender and gender-based violence, types of GBV experienced by women, its effects on the advancement of women and the strategies that can be put in place to reduce its impact in view of the global context. In addition, the researchers analyse the progress that has been made in trying to combat GBV globally

Background of Gender-Based Violence (GBV)

Gender-Based Violence is not a new occurrence as power relations between males and females have involved several forms of gender discrimination throughout human history (Carpenter, 2017). Gender-based violence has its roots in patriarchy and culture, suggesting that it is difficult to address GBV without discussing patriarchy and culture as the key drivers of violence. According to recent reports, GBV remains a pervasive phenomenon driven by gender inequalities. Societal norms, beliefs, and values continue to enforce a subordinate status for women and girls, resulting in a wide range of violent actions committed by men against women and girls. These acts of violence occur as both a cause and consequence of gender inequality, affecting the lives and rights of women and girls globally (UNFPA, 2023; World Bank, 2023). WHO (2023) assert this finding by suggesting that GBV is most prevalent in societies with rigidly defined and enforced gender roles, and where masculinity is associated with toughness and male dominance. These societal structures support and perpetuate GBV, making it a widespread issue in such environments (World Bank, 2023). Many cases of GBV have not been reported and consequently not documented.

GBV is deeply rooted in cultural norms and is interconnected with various reproductive health challenges faced by women. It exacerbates issues such as the spread of HIV/AIDS, unwanted pregnancies, illegal abortions, sexually transmitted infections, and other psychosocial problems. Addressing GBV is essential for improving reproductive health and overall wellbeing (OHCHR, 2023; WHO, 2023). Gender-based violence is inherited from cultures, especially those that advocate for male dominance where males are not questioned even if they have multiple sex partners and still demand sex from their wives. This may result in resistance or violence in cases where the women do not comply. In addition, gender-based violence exists in all societies, is independent of race, ethnicity and class, and is rooted in these societies, thus, making it difficult to uproot.

Moreover, recent studies emphasize that societal norms, values, and beliefs significantly impact women's decision-making power, access to resources, education, and overall vulnerability to violence (OECD, 2020). Evidence exists at household level where women are vulnerable because they fail to assert themselves and this is observed in wider societies where there are few women in decision-making positions (8th Parliament of Zimbabwe, 2013). For example, in SADC there has never been a female president and the majority of the legislators in Zimbabwe parliament (67%) are male.

According to the GBV Guidelines Manual (2018), GBV is typically classified into several categories including sexual violence, physical violence, emotional and psychological violence, harmful cultural practices, and socioeconomic violence. Empirical evidence indicates that in most cases, the victims of GBV experience a combination of violations that include sexual, emotional and physical abuse.

GBV Survivors' experiences under the COVID-19 Induced Lockdown

(Xue, Hu and Zhu, 2020) argue that incidences of GBV increased drastically since the commencement of

COVID-19 restricted movements. Although these restrictions were enforced as a way of trying to tackle the spread of COVID-19, they have led to the intensification of intimate partner violence (IPV) as well as domestic violence. Measures such as social distancing or self-isolation have made it harder for women and girls to escape abuse and seek or access support. According to the International Rescue Committee (2023), GBV includes any act of violence that causes or is likely to cause physical, sexual, or psychological harm or suffering, including threats, coercion, or arbitrary deprivation of liberty, whether occurring in private or public life. In a report by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), about 94% of the cases were women, and the most dominant forms of violence were physical (38% of the cases) and psychological (38% of the cases), followed by economic (19%) and sexual (5%). About 90% of the cases were intimate partner violence cases.

GBV survivors are often silenced through a combination of petty rewards and threats, similar to the tactics to quiet children. Rewards might include small material goods or temporary alleviation of abuse, while threats can range from verbal intimidation to the risk of further violence. These methods effectively suppress the voices of survivors, preventing them from seeking help or justice (UNHCR, 2024; AUSU, 2021). Women and girls who are particularly survivors of GBV largely depend on their abusers for support during the COVID-19 lockdown, and are at home with their abusers while being cut off from normal support services (UNDP, 2020). Regrettably, the police were reluctant to detain people during the lockdown because they also feared that those detained might spread COVID-19, (Amnesty International (2021).

According to Amnesty International (2021), there was a surge in rumours that during the first wave of the COVID-19 lockdown, there were sexually and physically-related abuses by the police and other patrolling personnel that were taking advantage of different reasons such as face masks and uniform regalia that would make it impossible for the perpetrators to be easily identified by witnesses and victims. Women or child-headed households and sex workers were more vulnerable to violence. Whilst anecdotal reports suggested that incidences of abuse were increasing in Zimbabwe in line with the evidence from other countries, no data was available to corroborate this trend. Several cases of sex workers who were arrested for breaking the COVID-19 lockdown restrictions and subsequently raped by police officers were reported (Amnesty International, 2021).

The poorest women are less likely to own or have access to a mobile phone, especially because prices of data have spiked, and therefore face greater barriers to accessing support using social media channels (Amnesty International, 2021). The suggestion of lower reporting figures may have been due to lockdown measures limiting women's ability to seek help and report cases of violence. Low trends or case reports were not an indicator of the non-occurrence of cases; they were actually an indicator of silent suffering without access to the vital support that the victims need. Some were exposed to uneasy situations where husbands would engage in extra-marital sexual activities such that mistresses were brought to their matrimonial home during the lockdown. This extended to expelling their wives out of the house or to the countryside (Ryan Truscott, 2020).

Effects of GBV

GBV greatly places one under physical and psychological injuries that might keep on bleeding until death. Sexual exploitation is faced by many females in the workplace to gain the favour of the high-ranking personnel, done forcibly and in other instances unprotected sex is done leaving the survivor infected or having unwanted pregnancy. This would subsequently lead to unsafe and unwarranted abortions posing great risk of menstrual disorder and sexual disorders. In teenage survivors of sexual abuse, there is an experience of early childbearing. Those who experience more encounters of GBV such as sexual abuse showed poor mental and working memory in terms of learning (Imasiku and Hamweene, 2013).

There are issues of acute physical injuries, shock, diseases and infection which usually end in post-traumatic disorders and anxiety. In some cases, some women face the danger of disability, chronic pain, sleeping and eating disorders. Survivors of GBV also suffer from a wide range of mental illnesses. The most common illnesses include moods, anxiety, substance abuse, suicidal thoughts and confusion. GBV is associated with poor long-term mental health such as anxiety, depression and PTSD. Mental disorders are the most common problems encountered by survivors of GBV. In India (2021), 36.6% of suicides are among young women and it is due to the thought of experiencing continued exposure to GBV (Patel et al., 2021). Abusers usually take advantage of situations in times like these during the COVID-19 lockdown when calling for help or escape are not feasible, (UN, 2020). Therefore, abuse and its effects will continue as many women decide to suffer in silence

Mukanangana et al. (2014) argue that in most societies the victim is usually the blamed one, facing societal rejection. In reaction to societal blame, the survivors tend to be emotionally damaged, living with shame, self-hate and anxiety. Family and societal blame places a severe burden on the victim and may consider them as social outcasts. Women suffer in silence since they fear reporting and getting labels of abuse that they might carry for the rest of their lives (Mukanangana et al., 2014).

Gender-specific legislation in SADC countries

The government of Zimbabwe has criminalised domestic violence, strengthened the law of rape and higher courts have advocated for the imposition of sentences that reflect the seriousness of rape and physical chastisement of a spouse by a man is punished as assault. Under the law of rape, the courts have explained what is needed for the defence of consent to apply (Zimbabwe Electronic Law Journal Volume III, 2018). On the other hand, the Domestic Violence Act came into being on the 26th of February 2007 and defined domestic violence as any threat of violence that includes physical, sexual, emotional, verbal and psychological, and economic abuse, intimidation, harassment and stalking. They also included cultural offences relating to property and household effects, and abuse associated with customary rites

In Zambia, the Anti-Gender-based Violence Act was signed in 2011 (Zambia Development Commission (2023)). This piece of legislation is one of the best comprehensive gender-based violence laws in SADC because of the law's holistic approach towards violence against women and girls. In addition, the gender-linked publication also suggests that the law provides for the establishment of gender-based violence committees, establishment of an immediate relief fund for victims and also the provision of shelter for the victims. Furthermore, the law has mechanisms to address harmful traditional practices, a gap observed in other legislative frameworks in the region.

South Africa, like Zimbabwe, has a Domestic Violence Act that was passed in 1998 and this covers a wide range of gender-based violations and creates a framework that deters perpetrators and advocates for the strengthening of assistance. The Act extends the definition of domestic violence to include victims of assault among those engaged to be married, those dating, in customary relationships and those in actual or perceived romantic, intimate or sexual relationships of any duration. In a community-based study across multiple provinces, Maselesele et al. (2022) noted that there were high rates of crime against women and girls, highlighting the significant prevalence of GBV in diverse regions.

The Malawi's Prevention of Domestic Violence Act was passed in 2006, and sought to reduce violence against women and punish the perpetrators accordingly. Little progress in addressing GBV has been made today because of low literacy rates and poverty among women and girls in the country. The lack of harmonisation in Malawi's laws to ensure uniformity is a challenge to the country's laws. For example, the legal age of adulthood is 18 years while legally a girl can get married at 16 years. UNICEF (2019) ranks Malawi among the top ten countries in terms of child marriage problems, especially the least educated, poor

and those living in remote rural areas.

Theories of Gender Based Violence

Chin (2012) states that the Exposure reduction theory of domestic violence explain why GBV cases increase during lockdown while the theory of learned helplessness and Cyclic Abuse explain why mental and behavioural problems arise due to restricted movements.

Exposure Reduction Theory of Domestic Violence

Exposure reduction theory of domestic violence models domestic violence as a crime of opportunity. If victims and abusers are stuck at home, they are more likely to fight. For example, a married and employed woman experiences less domestic violence as she spends most of her time at work than at home in a vulnerable position (Chin, 2012). The effect is unrelated to both the feelings of the abuser and the economic bargaining power of the potential victim. Restricted movements due to the pandemic entail that the amount of time the perpetrator and the victim spend together in the same dwelling place increases.

Learned Helplessness Model

When subjects are in situations they have no control over, they develop defects in three main areas: motivational, cognitive and emotional (Abramson, Seligman, & Teasdale, 1978). The cognitive defect is the belief that circumstances are uncontrollable, while motivational defect involves a lack of response even when given the chance to get out of the problem. Emotional deficit refers to the depressed and anxious state due to a negative situation the subject is in. Based on empirical evidence, Seligman revealed the relationship between learned helplessness and depression, (Cherry, 2017). In cases of domestic violence and abuse, abusers often subject victims to abuse either physically, psychologically, verbally, sexually and emotionally so as to condition the victims to the abuse and make them feel that they have no control over the situation.

Theory of Cyclic Abuse

Cyclic theory, also referred to as the Battered Women Syndrome, states that in a relationship where domestic violence has occurred, the violence is likely to continue in a predictable and repetitive pattern (Rakovec-Felser, 2014). The pattern includes four stages:

1. Tension-building
2. Acting-out period, in which the abuse occurs;
3. Honeymoon period, (the abuser may apologise or show remorse)
4. Calm period, the abuser acts like it never happened, and the victim may start to believe the abuse has ended (Rakovec-Felser, 2014).

Viewed from this perspective, people are not perplexed that victims of gender-based violence develop learned helplessness. When the victims are subjected to continuous abuse, irrespective of what they do, they are more likely to feel helpless, stressed, depressed and remain in abuse.

METHODOLOGY

Research Approach

This study adopted a mixed methods approach, also referred to as triangulation. The researchers employed both qualitative and quantitative research methods to provide a comprehensive understanding of a research problem. Triangulation allowed the researchers to explore different perspectives, integrating numerical data

with detailed contextual insights leading to more robust and nuanced conclusions (Creswell and Creswell, 2018).

Research Design

A descriptive research design was adopted by the researchers to explore the experiences of the female survivors of GBV during lockdown. This research design enabled the gathering of a wide range of information on the types of GBV abuses and the psychosocial effects the experiences had on the survivors of GBV under restricted movements. Furthermore, the design also enabled the researcher to identify possible strategies to reduce or eradicate GBV during pandemics like COVID-19.

Sampling

Convenience sampling was used to select three key-informant interviewees (Counsellor, One Stop Centre administrator and a legal officer) as well as 75 female survivors of GBV. The administrator of One Stop Centre, Counsellor and legal officer were more knowledgeable about the victims' experiences, the psychosocial effects of such experiences on the survivors and the possible intervention strategies that were adopted to reduce GBV during the lockdown.

Data Collection Instruments

Data was collected from survivors of GBV by the use of questionnaires and a structured interview guide. The interview guide was used to gather data from three key-informants. Both the questionnaire and the interview guide were specifically designed for this study and their questions reflected the major issues of the study as outlined by the research objectives and the research questions.

Research Procedure

The procedure for data collection entailed gaining access to respondents by presenting oneself to One Stop Centre administrators, its database and then the participants. To get permission to collect data from One Stop Centre the researchers got a letter from the Department of Psychology at Great Zimbabwe University requesting the One Stop Centre management to allow researchers to conduct research at their institution. After permission was granted, researchers were given a database to select the sample from. Questionnaires were distributed physically to 75 participants sampled from the database. The researchers were responsible for quality control, time management, scheduling and conducting the five interviews. The respondents were split into two groups coming on different days and advised to complete the questionnaire at their own time but at One Stop Centre.

Ethical Considerations

The study took note of ethical considerations to prevent harm to both the participants and the researchers as well as bring integrity to the research process. Firstly, the researchers asked for informed consent from the participants and ensured their privacy and confidentiality both during and after the research. Anonymity throughout the research was guaranteed to all participants through the use of pseudonyms.

Data Analysis

Thematic analysis and descriptive statistics were employed to analyse qualitative and quantitative data respectively. Thematic analysis was used to analyse narrations from the interviews through, examining closely the data and identifying themes, ideas and patterns of meaning emerging repeatedly (Joffe, 2012). Verbatim quotations were included for presenting the findings, thus enhancing the trustworthiness of the study (Whiffin, Bailey, Ellis-Hill & Jarrett, 2014). Descriptive statistics (frequencies, percentages and

means) were computed in SPSS version 25 to answer the research questions. According to Malhotra, Nunan and Birks (2017), great care should be exercised in the data analysis preparation phase as this has a direct bearing on the quality of statistical results. In light of this, responses were coded as they appeared on the questionnaire and the captured data exported to SPSS for subsequent analysis.

Participants' Profile

A brief profile of the 75 participants (GBV survivors) is presented below for better conceptualization of the study findings. The code names were adopted to protect the identity and integrity of all the participants.

	Response	Frequency	Percentage (%)
Age (Years)	<20	48	64.0
	21-30	9	12.0
	31-40	12	16.0
	41-50	6	8.0
	Total	75	100.0
Marital status	Single	36	48.0
	Married	18	24.0
	Widowed	6	8.0
	Divorcees	15	20.0
	Total	75	100.0
Employment	Formally	18	24.0
	not employed	54	72.0
	Informal	3	4.0
	Total	75	100.0

RESULTS

The findings of the study are described in the order of the research questions:

- Do survivors have knowledge about GBV and its various forms?
- What are GBV survivors' experiences with sexual and emotional abuse?
- What are GBV survivors' experiences with financial abuse?
- What are GBV survivors' experiences with physical abuse?

GBV Psychosocial Experiences during the 2021 COVID-19 lockdown

This section of the study presents findings associated with the first research question of this study, focusing on exploring the GBV experiences of women in restricted movements due to the COVID-19 lockdown. The section assesses victims' knowledge about GBV, compares the incidents of various forms of abuses before and after lockdown and explores the various forms of abuse survivors of GBV in Epworth were subjected to. The findings suggest that survivors of GBV were a homogenous group of women who knew about GBV and have suffered many forms of abuse when the violent actions were committed by men. The findings about GBV experiences from both the survey questionnaire and interviews are presented concurrently, the quantitative results first then followed by those from the interviews.

Figure 4.1: Knowledge of GBV

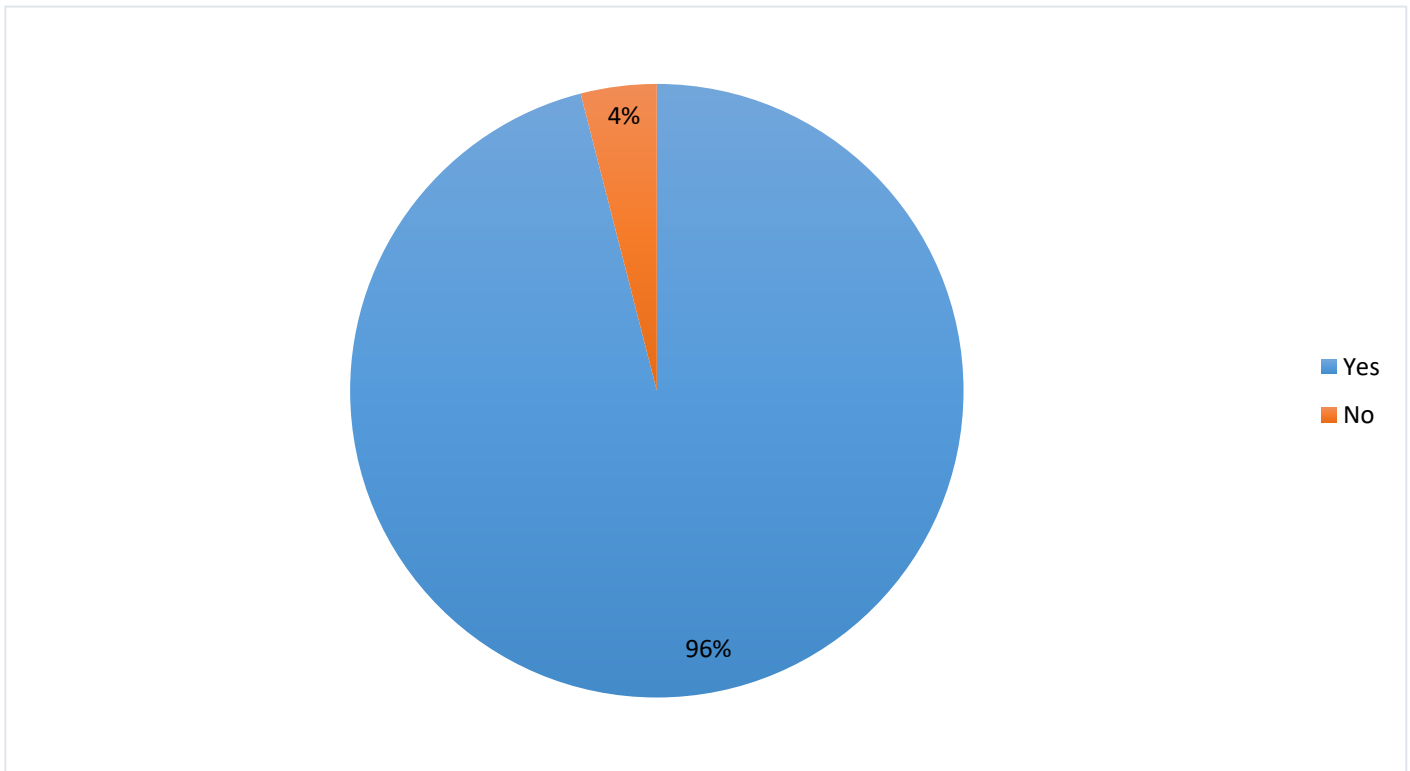


Figure 4.1 – Nearly all the survivors of GBV (96%), except 4%, had knowledge in this regard.

From the open-ended questions, it emanated that GBV is any form of violence perpetrated on a person, especially females by males because of gender differences as ascribed by the patriarchal society. It emerged that the society put in place rules that give men power to dominate women because of the women’s biological makeup. In support of this understanding of the term GBV, one of the respondents perceived GBV as, *“Violence that is perpetrated by men on women, or against other men ... The society believes women are weaker than males because of their sex and that women are subjects of men.*

Table 4.1: Prevalence of GBV-Violence Cases before and during the COVID-19 lockdown

Type of abuse	Before lockdown					During lockdown				
	never	rarely	sometimes	often	very often	Never	rarely	Sometimes	often	very often
Physical abuse	68%	4%	24%	4%	0%	36%	16%	32%	8%	8%
Sexual abuse	88%	0%	12%	0%	0%	44%	8%	40%	4%	4%
Verbal	48%	12%	36%	0%	4%	24%	4%	40%	16%	16%
Psychological	40%	8%	40%	12%	0%	8%	12%	40%	20%	20%

Table 4.1 illustrates the perceived GBV abuses women suffer under restricted movements due to COVID-19 before and during lockdown. Results suggest an increase in all forms of GBV behaviours during lockdown. In terms of physical abuse, none of the respondents reported experiencing physical abuse very often before lockdown compared to 8% who indicated experiencing physical violence very often during lockdown. Similarly, no women experienced sexual harassment either often or very often before lockdown, while 8% indicated having been often sexually harassed during lockdowns. In addition, results also show a rise in verbal abuse. None of the respondents indicated experiencing verbal abuse very often before lockdown, while a significant 16% reported having been verbally abused very often during lockdown.

Figure 4.2: Prevalence of Physical abuse during COVID-19 lockdown

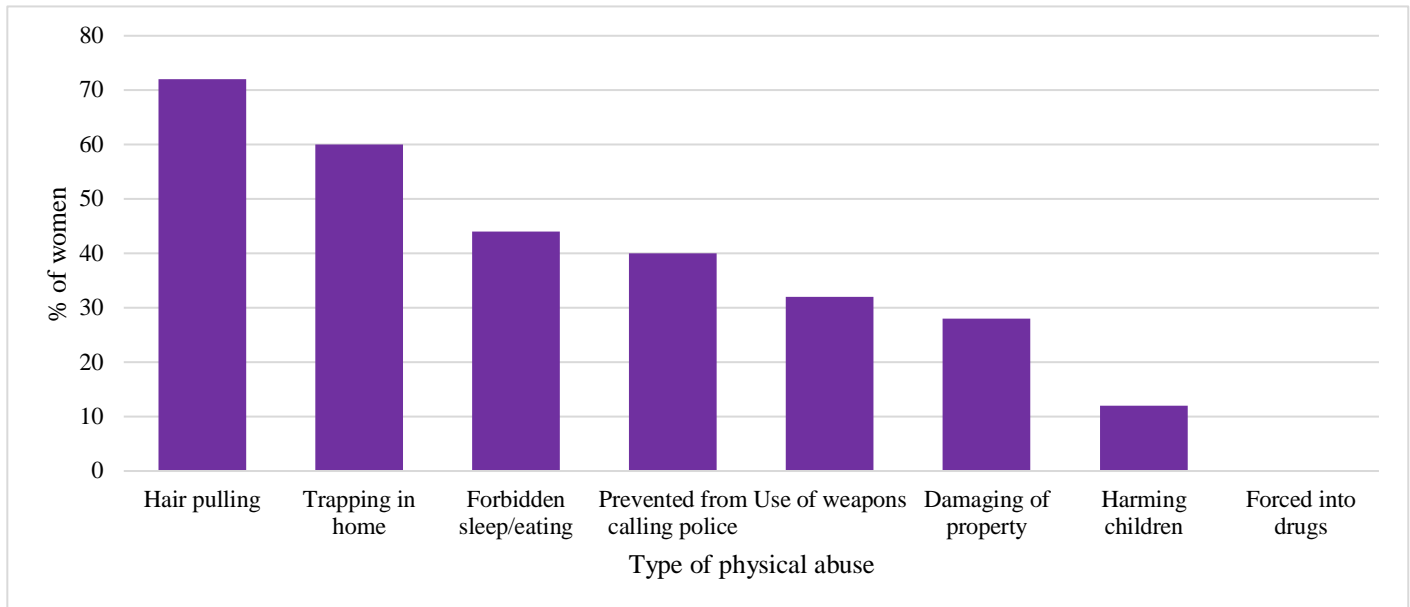
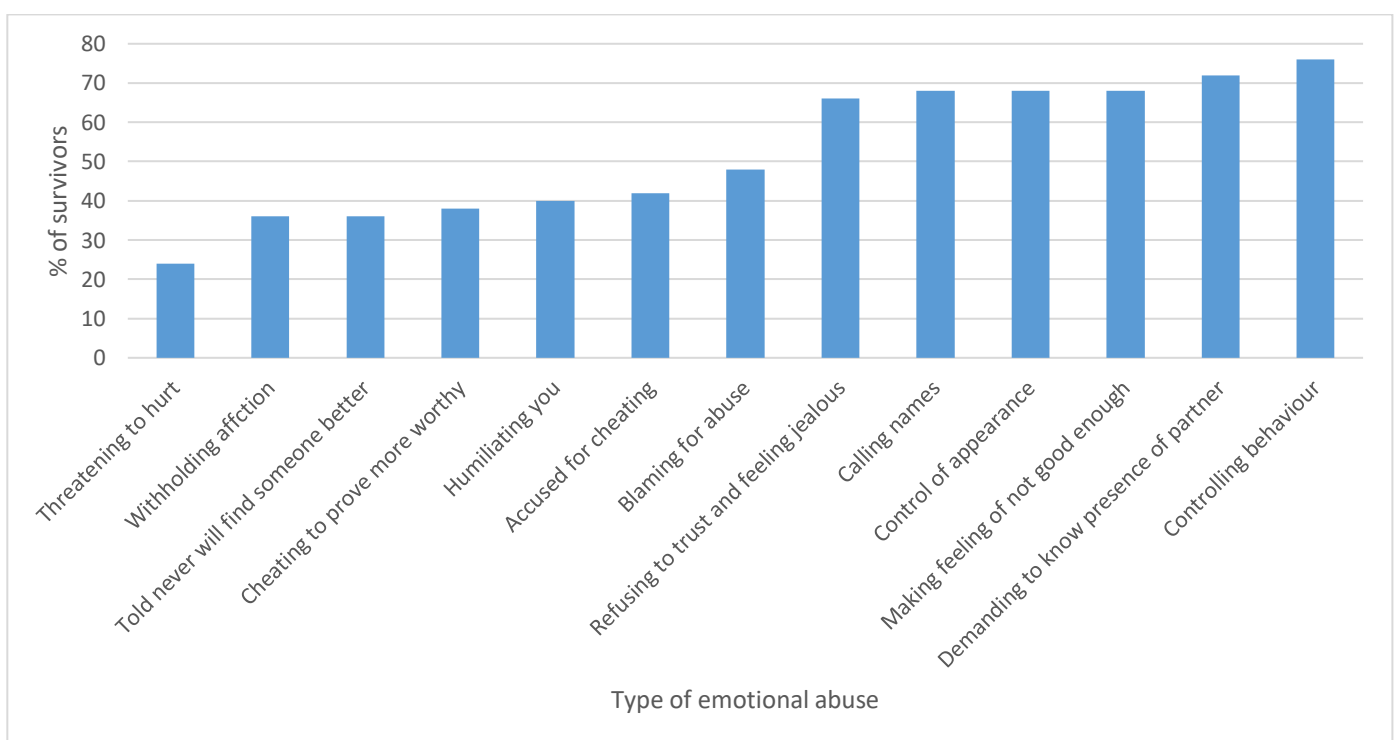


Figure 4.2 illustrates the different forms of physical abuse women in restricted movement experienced during COVID-19. As can be seen from the graph, physical abuse took place in many ways, but to different extents. The majority of the women (72%) reported that they had their hair pulled, were punched, slapped, kicked and bitten during lockdown. In addition, the majority (60%) also indicated that they were trapped in the home and prevented from leaving. A significant number, 44%, 40%, 32% and 28%, were: forbidden to eat and sleep, prevented from reporting the abuse to law enforcement agents, threatened with weapons and had property damaged through throwing objects, punching walls and kicking doors, respectively. Twelve percent (12%) of the women reported that their children were harmed by the perpetrator, while no incidence of forced drug and alcohol abuse for those with previous history of substance abuse problems were reported.

Figure 4.3: Prevalence of Emotional abuse during COVID-19 lockdown



The Figure 4.3 above illustrates that there are several types of emotional abuses women in Epworth experienced at the hands of men and boys during COVID-19 lockdown. The majority (76%) indicated that their partners controlled where they went, what they did, or any other aspect of their lives. Furthermore, 72% of men wanted to know where the women and girls were every minute, 68% made the survivors feel inferior, controlled their partners' appearance or/and even presentation, called them names, insulted and continually criticised the survivors. In addition, as the figure depicts, a significant number of women, between 40% and 49%, reported that their male partners refused to trust them, acted jealously or possessively, accused them of cheating and being often jealous of outside relationships. The remainder, between 30% and 39%, indicated that their partners cheated in their relationship to prove that they are more desirable and worthy. 24% indicated that apart from them, their children, family members and even pets were threatened with hurt by their partners during lockdown.

Figure 4.4: Prevalence of Sexual abuse during COVID-19 lockdown

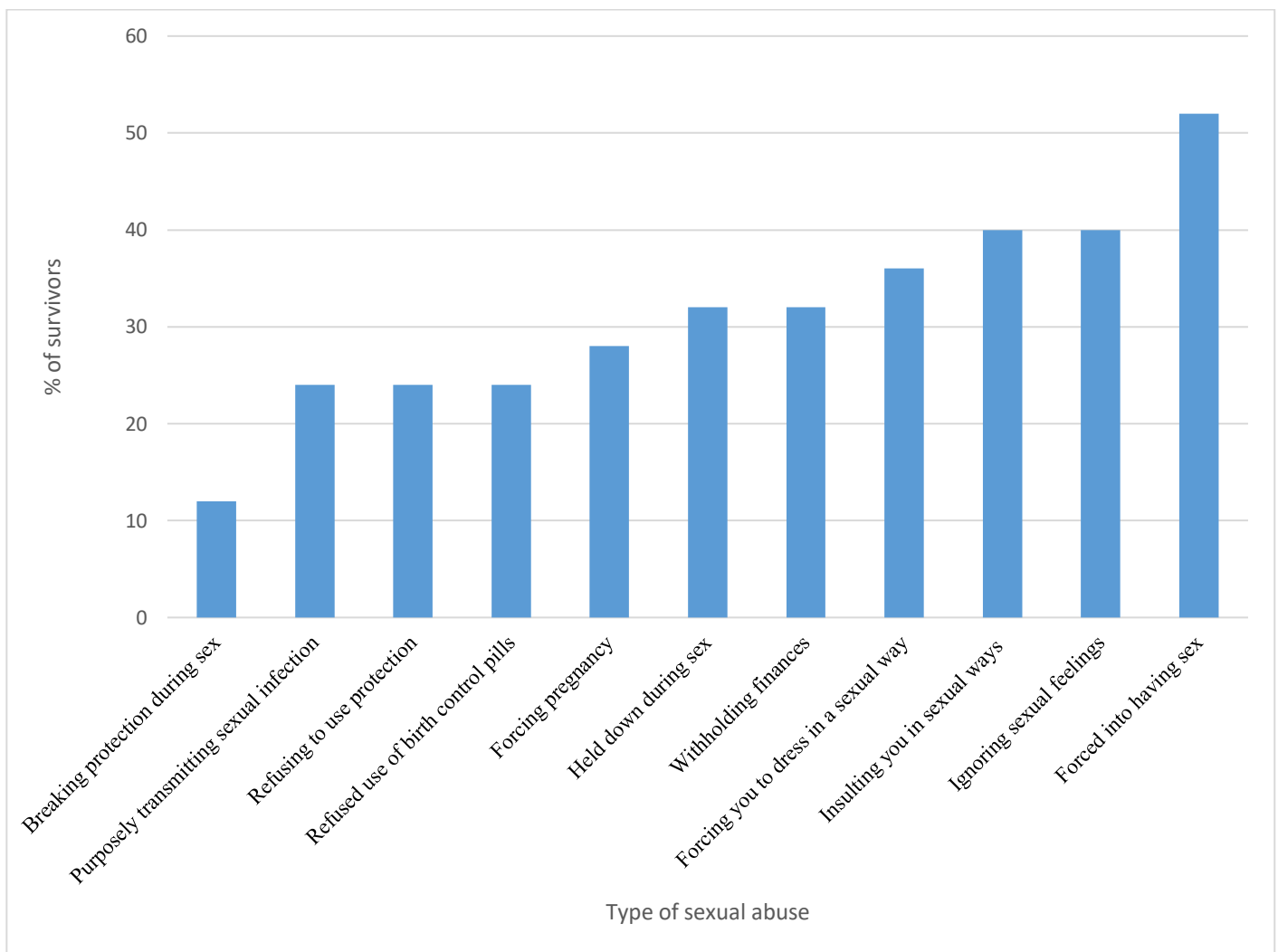


Figure 4.4 shows the distribution of survivors of sexual abuse and the types of sexual abuses experienced. As the figure depicts, several acts of sexual harassment were committed against the victims during lockdown. The majority (52%) indicated that they were forced or manipulated into having sex or performing sexual acts by their male partners. Forty-percent (40%) of the respondents reported that they had their sexual feelings ignored during sexual intercourse, were insulted in sexual ways and also called sexual names by their male partners during COVID-19 restricted movements. A significant number (32%) reported being held down by their partners during sex and also had finances needed to purchase birth control pills withheld.

The remainder (24%) indicated that they were either refused sexual protection or had sexually transmitted diseases passed onto them forcefully. 12% indicated that their partners broke or removed protection during sexual intercourse during restricted movements.

Figure 4.5: Prevalence of Financial abuse during COVID-19 lockdown

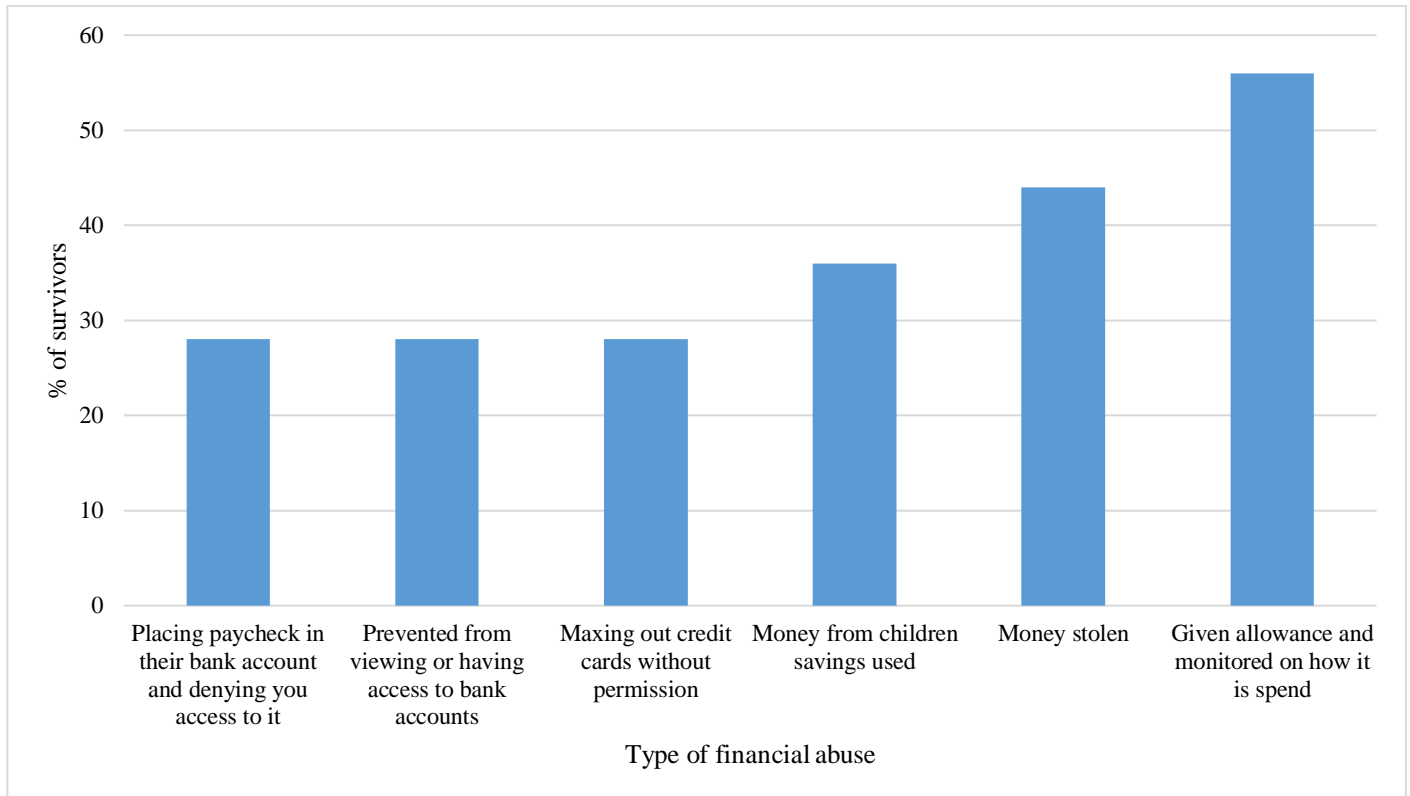


Figure 4.5 indicates the distribution of women victims of financial abuse and the types of financial abuses they experienced. As can be seen from the figure, several acts of financial harassment were perpetrated against the victims during restricted movements. The majority (56%) indicated that their male partners gave them allowances whose use they closely monitored, sometimes by demanding receipts. Findings also reveal that 44% of the victims had their money stolen by male partners, while 36% reported that money was stolen from their children’s saving accounts by their partners during lockdown. The remainder (28%) indicated that their husbands refused to pay for necessities/shared expenses like food, clothing, transportation, or medical care and medicine, prevented them from having access to savings accounts and savings in their name without permission from the partners which ruined their financial freedom during lockdown.

GBV Victims’ Experiences

Research interview results suggested that there are many forms of GBV acts that women in Epworth faced during the COVID-19 lockdown. All interviewees agreed that women have been subjected to physical, sexual, emotional, financial, verbal and psychological abuse during restricted movements. In addition, interviewees reported that when the violence of men against women happens it takes place in combination, not in single form.

Sexual abuse

Key informant interviews revealed that some women and girls were subjected to sexual abuse by men. One report indicated that a 25-year old man raped a 7-year old girl, and the matter was reported to the police by the girl’s mother. However, not much has been done to the perpetrator and the survivor. Commenting on

this incident of rape, a key informant said,

“... While the sexual abuse was perpetrated on the minor the girl’s mother felt psychologically abused as the family members ganged up against her claiming that she is bent on destroying family relations and not protecting the perpetrator.”

Such is the psychological abuse that caregivers and victims are subjected to by perpetrators and society. The SGBV victim lives in fear while she is still being traumatised by the rape. Further probing revealed how the alleged perpetrator has relocated to another section in a bid to escape the crime. Such is the trauma and psychological pain that victims of SGBV endure during the restricted movements.

Some husbands were cheating on their wives during lockdown. Findings revealed a husband having an extramarital affair with the family’s former tenant, and coming back to harass his wife and children occasionally. As interviewee 1 said,

“He is now living with another woman who was our previous tenant but occasionally comes to our matrimonial home harassing and abusing us.”

During lockdown, cases of marital rape linked to both physical and emotional abuse were committed. Interviews reveal a couple where a husband sleeps separately from the wife and only sneaks into the bedroom to satisfy his sexual desires by raping his wife. The interviewee reported how sometimes the alleged perpetrator inserts his fingers into the women’s vagina causing physical pain to the wife’s private parts. The survivor now complains of physical injuries in her private parts and also says she is now failing to perform her normal duties. In support of marital rape concurring with physical abuse, interviewee 5 said,

“My husband was sexually abusing me. Sometimes he rapes me or inserts his fingers into my vagina causing excruciating pain.”

The victim was frustrated and angered by the fact that despite police reports, no action was being taken by the law enforcement against the perpetrator because of the husband’s connections with the police. According to interviewee 5, the perpetrator bragged about having the police on his side, so the victim felt the police system let her down. Inevitably, the GBV victim was left to endure psychological suffering while the perpetrator was not convicted of the alleged sexual abuse.

Interviews also identified organised rape for financial gains during COVID-19 lockdown. A survivor aged 16 was raped by a man of approximately 35 years old. This sexual abuse was an organised rape through a neighbour who is a relative of the alleged perpetrator. Interviewee 4 narrates,

“The neighbour advised me to love the man so I could enjoy financial benefits from the man. ... It was during the night that the man raped me once, breaking my virginity and promised that he would look after me and take me as his wife. The man told me not to divulge to anyone about the sexual encounter as it was confidential.”

This goes to show how GBV is in some instances organised by members of the community who should under normal circumstances be protecting minors and the girl child.

Emotional abuse

Some children and caregivers were emotionally hurt from rape cases. In the 1 June 2021 case, the child was raped and the perpetrator was released from custody. Both the mother and child became afraid and frustrated that the perpetrator would attack them again since the perpetrator had protection from police, family and society. Even the husband blamed them for bringing disunity in the family, labelling them liars. In support

of emotional abuse suffered by the mother and the raped child, interviewee 3 underlined that,

“Both the mother and child showed feelings of fear, sadness and anger when they narrated what had happened. They said, they were afraid that the perpetrator may come back...”

Another victim of physical abuse is a self-proclaimed prophet from an apostolic sect church. She used to be rewarded by a lot of people with various gifts from people as tokens of appreciation for her services. These have become the reason of her being frequently beaten by her husband who suspects her of infidelity. One participant narrates the incident saying,

“The husband has destroyed her cell phones accusing her of infidelity as a source of the gift. The survivor complains of physical injuries...”

Some women and children have been neglected by their partners during lockdown.

“From the time they lived together up to the time the perpetrator left the matrimonial home, the spouse has not taken care of his children who are all minors” (interviewee 1).

In another interview, the interviewee revealed psychological abuse of a woman who took care of her ailing husband. The victim states how she met her husband when he was sick from TB and took it upon herself to look after him. She worked tirelessly to ensure that her husband fully recovered from the life threatening disease. However, after the husband recovered the wife is now living in poverty, fear, anger and frustration due to the husband’s abnormal behaviour. Interviewee 2 narrates,

My husband does not appreciate my efforts of looking after him ... instead he is into drug and alcohol use. At times he leaves the matrimonial house after creating an ugly scene where all property will be outside and spends several days living with vagrants on the nearby river banks. At times he physically abuses me while our ten-year old daughter is watching causing so much emotional pain.”

It is clear the GBV survivor and her child are harbouring so much psychological pain and, over and above this, it is clear the perpetrator shows symptoms of mental illness considering what the survivor is narrating. The survivor was left to cry as she occasionally got emotional during her narrative.

Financial abuse

Interviews revealed women during lockdown being financially abused. In one case, the survivor is a 45-year old woman married to 55-year old abusive man. The woman reported being denied access to money derived from the family basket-making business. The husband refuses to meet any financial obligations of the family and even refuses to give the victim money for food. Interviewee 3 narrates,

“On good day, we can make about USD50.00 and when he collects it he uses it all on drinking alcohol, drugs and some of it is stolen by friends while he is drunk. I am not given any money to pay for shared expenses like food, clothing, transportation, or medical care and medicine.

Clearly, the victim suffers financial abuse and clearly works hard for no financial gain as all the money is taken away while she is repeatedly physically abused.

CONCLUSION

In conclusion, the findings indicated that experiences of female GBV survivors during Covid-19 induced lockdown varied to include various forms of abuse such as physical, psychological, economic, verbal and

sexual abuse. The psychosocial effects were evidenced by high levels of depression, anxiety, stress and somatic symptoms exhibited by the female survivors. All forms of abuse ranging from physical, sexual, psychological and economic did not only happen in isolation, but the scenario involved either sexual with physical, or physical and verbal. In addition, GBV victims are also aware of the 575 National Call Centre that is available 24 hours on a toll-free line. The findings of the present study support arguments in GBV studies and the ecological framework that gender-based violence increases during restricted movement and has negative health effects on the survivors.

RECOMMENDATIONS

The study makes the following recommendations to the Government, Civil Society organisations, stakeholders, and researchers.

- There is need to advocate for policy reforms that address gender-based violence and provide user-friendly support services for survivors of gender based violence during crises.
- Local communities must be engaged to raise awareness about gender based violence and its effects to enhance a culture of tolerance and support for GBV survivors,
- There is need to establish new support services and strengthen the existing ones such as counselling, legal aid, and shelter for female survivors of GBV.
- Women and girls at risk of GBV must be targeted with economic empowerment initiatives to empower them economically. This will help to reduce their vulnerability and dependence on abusive partners thereby enhancing their resilience.
- Government and civil society organisations must collaborate with community leaders in reducing GBV and mitigating its effects on survivors. Traditional and religious leaders must play a significant role in amplifying the message against GBV and also in helping survivors cope with the effects of GBV.
- An inclusive response must be adopted in addressing the effects of GBV on survivors. Covid 19 and other crises response efforts should consider the specific needs and experiences of female gender-based survivor thereby promoting an inclusive approach.
- There is need to adopt technology-based solutions in dealing with GBV and its survivors during lockdown. Mobile apps and online platforms can assist to provide support services, resources and information to survivors of GBV.
- Psychological first aid training must be offered to frontline responders and mental health paraprofessionals to enable them to offer immediate response to survivors.
- Researchers and stakeholders must also invest in conducting longitudinal studies to assess the long term effects of lockdowns on gender based violence and survivors' experiences to inform evidence based interventions.

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