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THE EXPERIENCES OF SURVIVORS OF GENDER-BASED VIOLENCE DURING THE COVID-19 PANDEMIC AND THE IMPLICATIONS FOR SOCIAL WORK SERVICES

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ABSTRACT

This article examines the experiences of survivors of gender-based violence (GBV) during the Covid-19 pandemic and the implications for social work services. The study employed a mixed-methods approach, utilising both quantitative and qualitative data. The quantitative data were collected from 30 GBV survivors in Matatiele in the Eastern Cape, selected through stratified sampling. The research also utilised qualitative insights from five social workers who are practitioners in the GBV field, sampled through purposive sampling. Data collection included questionnaires and semi-structured interviews, and the data were analysed through thematic and narrative analysis for qualitative data and SPSS for quantitative data. The findings show that the due to the COVID-19 pandemic, access to GBV services was deprioritised, resulting to inadequate service provision by social workers. Recommendations emphasise the urgent need to prioritise GBV response and prevention services during health crises, ensuring that vulnerable populations receive the necessary support to mitigate their impact, particularly in times of heightened risk such as pandemics.

Keywords: Covid-19; gender-based violence; pandemic; social work; survivors

INTRODUCTION

Gender-based violence (GBV) alludes to the harm based on the prevalence of gender inequality rooted in patriarchal gender norms (Republic of South Africa [RSA], 2022). It can be described as an act against women that results in, or is likely to result in, physical, sexual, economic or psychological harm or suffering, which include the threat of such acts as coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (RSA, 2022). The South African government has launched substantial initiatives aimed at safeguarding victims of GBV, particularly through the formulation and enactment of various policies and legislative measures. On 24 May 2024, South Africa took a significant step forward in its commitment to combating GBV with the enactment of the National Council on Gender-Based Violence and Femicide Bill (RSA, 2024). The Constitution of the Republic of South Africa (RSA, 1996) and the Domestic Violence Act 116 of 1998 (RSA, 1998) have been instrumental in shaping subsequent legislation. However, news of an increase of GBV, impacting on many families across South Africa, has continued to the daily newspapers. The Covid-19 pandemic precipitated a secondary crisis in South Africa, manifesting in an alarming increase in femicide rates and incidents of gender-based violence (Mittal & Singh, 2020). Oxfam (2021) reported widely that more than 2,000 cases of gender-based violence were reported to police in South Africa in the first week of lockdown in March 2020, pointing to a 37% increase on the weekly average as of 2019 (before lockdown) and increasing domestic violence calls to the hotlines by 69% in the first month. The measures implemented by governments to combat Covid-19 were necessary; however, it is important to acknowledge that these measures also led to poor outcomes for communities, affecting particularly already abused victims, who became even more isolated during the pandemic (Gutura & Nunlall, 2020; Mittal & Singh, 2020; RSA 2022).

In general, the lockdown resulted in increased isolation, mental health issues and worsening abuse for many women, limiting their access to support (Mittal & Singh, 2020). This study explored the experiences of survivors of GBV during the Covid-19 pandemic and the implications for social work services. The background and theoretical framework within which this study took place are described below, followed by an outline of the methodology used. The literature is reviewed and the results are unpacked. The article concludes with recommendations for social workers working with the manifestations of gender-based violence.

BACKGROUND, PROBLEM FORMULATION, AND RATIONALE

On January 30, 2020, the World Health Organization (WHO) classified the SARS-CoV-2 outbreak as a Public Health Emergency of International Concern, reporting more than 80,000 confirmed cases worldwide by 28 February 2020, after the outbreak began in Wuhan, China, in December 2019; the WHO later declared Covid-19 a pandemic on 11 March 2020 (Dominelli, 2021). While GBV is an ancient problem, research has shown that its pervasiveness tends to intensify during times of pandemics (Speed et al., 2020).

Crises have always placed a heavy burden on society and one of the gravest consequences is the rise in gender-based violence (GBV) (Sherwood et al., 2020). Rieger et al. (2021) argue that from the Haiti earthquake in 2010 to Hurricane Katrina in 2005 and even as far back as the

eruption of Mount St. Helens in 1980, studies have seen how unemployment, family stress and other challenges during these times can make vulnerable groups even more at risk. Unfortunately, epidemics are no exception. Outbreaks like Ebola, cholera, Zika and Nipah have all evinced a troubling pattern of increased domestic violence. During the Ebola crisis in West Africa between 2014 and 2016, for example, the situation became particularly dire, with a significant rise in cases of sexual assault, violence against women and rape. These moments of crisis expose the underlying vulnerabilities that exist in our societies and remind us that in times of uncertainty or stress, the most vulnerable often bear the heaviest burden (Gutura & Nunlall, 2020; Lata 2023; Mittal & Singh, 2020; Ndlovu et al., 2022; Sherwood et al., 2020).

The stringent lockdown measures implemented to curb the spread of the virus inadvertently confined many women and children to abusive environments, limiting their ability to seek help or escape dangerous situations (Minisini, 2021). South Africa experienced a significant increase in cases of gender-based violence in the first weeks of the lockdown, highlighting the connection between public health crises and social vulnerabilities, and intensifying the pre-existing weaknesses within the political, economic and social frameworks of South African society (Shibambu & Egunjobi, 2020).

Ndlovu et al. (2022) highlighted an increase in reported cases of gender-based violence worldwide during the Covid-19 pandemic. The current study was prompted by the incidents of gender-based violence that occurred since the outbreak of the Covid-19 pandemic in the country, which resulted in many deaths as well as physical and emotional turmoil because of the disruptive nature of the pandemic. Dlamini (2021) posits that gender-based violence was exacerbated by the lockdown restrictions. Mittal and Singh (2020) argue that the Covid-19 pandemic has brought to light the complex relationship between the public health crises and gender-based violence. They point out, however, that despite advancements in the medical field, the isolation measures, while intended to curb the spread of diseases, also had adverse consequences. Wang et al. (2021) argue that the negative consequences of the quarantine during the pandemic included the mental and psychological wellbeing of many individuals. During these periods of isolation, adverse outcomes, such as gender-based violence escalated, raising concerns for the safety of vulnerable populations. Similarly, Gearhart et al. (2018) discovered that exposure to natural disasters for longer than 199 days resulted in an increase in reports of simple assaults by 78 per year in Florida, USA. The advent of the Covid-19 pandemic thus further worsened the situation, as evidenced by studies conducted by Dlamini (2021), Nduna and Tshona (2021) and Bean (2022), which all reported an increase in GBV cases.

Prior to the COVID-19 pandemic, approximately 243 million women and girls aged 15–49 worldwide had been subjected to sexual and/or physical abuse by an intimate partner. The onset of the pandemic, with its associated lockdowns, economic stress, and social isolation, increased vulnerable woman and children, leading to increased reports of intimate partner violence (IPV). However, due to underreporting and limited access to support services during lockdowns, the full extent of this increase remains challenging to quantify. Similarly, a number of developing and developed countries reported an increase in reported GBV cases. Usher et al. (2020) report that during the quarantine imposed in February 2020, a police station in Hubei Province, China, recorded triple the number of reports pertaining to domestic violence. By March 2020 France

reported an increase of 30% since the lockdown on 17 March 2020; Cyprus and Singapore reported an increase of 30% and 33% respectively in helpline calls during the lockdown, while in Argentina emergency calls for help increased by 25% in the first few months of lockdown (United Nations Women, 2020).

In South Africa the statistics according to Mile (2020) indicated that every 3 hours in South Africa, a woman lost her life at the hands of a partner. Mile adds that in June 2020, the number of South African women who had faced violence from their male partners was 14 million, an drastic increase of 51%. The literature indicates that the Covid-19 pandemic impacted significantly on the incidence of gender-based violence and the associated public health implications. In addition to the unfortunate incidents covered by the media, incidents of GBV were documented in all areas worldwide during the Covid-19 pandemic (Opanasenko et al., 2021).

Social workers have a critical role to play when adversity strikes. Bauwens and Naturale (2017), further affirm that by highlighting the values of the social work profession and drawing attention to marginalised and oppressed populations, social workers could contribute a unique understanding to the pandemic. Although the Covid-19 pandemic did a great deal of harm in South Africa, significant damage was done to the psychological wellbeing of people. In a state of emergency, social workers must make sure that people are well taken care of emotionally and that their basic needs are provided for all the time. Okafor (2021) asserts that the social work profession is fully submerged in service provision during public emergencies. Cooper and Briggs (2014) also indicate that social workers play an important role in disaster response, recovery, preparedness and planning for future occurrences.

The social work profession seeks to uphold social justice and human dignity, encourage respect for the sacredness of life, and advance social cohesion and stability. It also seeks to advance social change and development through the empowerment and liberation of people (Amadasun, 2020). Given this, social workers are highly important actors in providing support and care to those affected by the Covid-19 pandemic. Since the beginning of the pandemic, statements by the International Federation of Social Workers included aspects such as social work's commitment towards the creation of a better world (Redondo-Sama et al., 2020). Even though social workers have a significant impact on the lives of underprivileged people, social work services were not included in the list of essential services from the beginning of the lockdown in South Africa. President Ramaphosa's first speech on the government’s intervention strategies against Covid-19 did not include social workers as part of the response team (Leburu-Masigo & Kgadima, 2020). This despite the fact that social workers offer a range of services to individuals, families, groups and communities under siege from widespread gender-based violence.

However, the disaster-management role of social workers remains underutilised and untapped to reduce the spike in gender-based violence during pandemics as witnessed during the Covid-19 outbreak (Leburu-Masigo & Kgadima, 2020). Social workers faced difficulties in reaching out to victims, conducting assessments and ensuring the safety of individuals experiencing domestic violence as a result of the limitations imposed by lockdowns and social distancing measures (Dekel & Abrahams, 2021). The literature provides convincing empirical evidence

of the unfavourable consequences of gender-based violence on people's wellbeing during the Covid-19 pandemic. The lockdown regulations hindered people from getting all the support they needed. This study examines the experiences of survivors of gender-based violence during the Covid-19 pandemic and the implications for social work services in Matatiele, Eastern Cape, South Africa.

THEORETICAL FRAMEWORK

This study adopted the resilience theory as a framework to achieve its aims. This is because resilience theory opens a wide range of explanations of how people cope and survive amid adversities that disrupt their lives and jeopardise their mental health. From experiencing personal daily setbacks or shared trauma, such as the Covid-19 pandemic and gender-based violence, individuals and communities learn to deal with tragedies; they survive and thrive in the face of adversities (Kaye-Kauderer et al., 2021).

Resilience theory dates back to more than half a century ago when pioneers in psychology, psychiatry and paediatrics who were searching for clues to the roots and treatment of problems in child development observed the remarkable abnormality in outcomes among children at risk owing to disadvantage and adversity (Yates et al., 2015). From the beginning, resilience research pioneers, such as Norman Garmezy, Lois Murphy, Michael Rutter and Emmy Werner, wanted to inform practice by understanding the processes that explains how some individuals coped well in the face of adversity while others struggled (Masten, 2013). Their compelling thoughts and research generated the field of resilience science, which has transformed frameworks for practice in multiple disciplines by shifting the emphasis away from deficit-focused orientations towards models centred on positive aims, promotive and protective factors, and adaptive capacities (Masten, 2011).

Van Breda (2018) investigated the resilience theory and posits that the strengths that people and systems demonstrate assist them to rise above adversity. The emergence of resilience theory is associated with a reduction in emphasis on pathology and an increase in emphasis on strengths (Van Breda, 2001). The theory states that people can adapt well despite the adversities they are faced with. Resilience is therefore defined by Henderson and Milstein (1996), as the ability to recover from negative life experiences and become stronger while overcoming them.

Resilience theory consists of two approaches, namely the pathogenic approach and the salutogenic approach. The pathogenic approach focuses on the problem and its causes (Van Breda & Sekudu, 2019), while the salutogenic approach emphasises the factors causing global wellbeing rather than focusing on factors that make people unwell (Dilani, 2009). This study adopted a salutogenic approach, emphasising the factors that contributed to the wellbeing of GBV survivors and the social workers supporting them.

This makes resilience theory so relevant to achieving the aims of this study; the theory opens a wide range of explanations of how people cope and survive during the adversities that disturb their lives and jeopardise their mental health. In the context of GBV, resilience is understood as a dynamic and evolving process (Van Breda, 2018), suggesting that it is possible to build and strengthen resilience not only among GBV survivors, but also of those providing care and

support (Rutter 2012). This makes it essential to explore effective ways to foster resilience in these contexts.

Jesse et al. (2019) highlight several factors that enhance resilience, such as nurturing a sense of control, responsibility and self-efficacy among individuals affected by GBV. Resilience theory provides a useful framework for understanding and addressing the challenges posed by the Covid-19 pandemic and gender-based violence on individuals. It also offers theoretical models to understand how GBV survivors overcome adverse conditions as well as how GBV social workers can use this knowledge to improve survivors' strengths and build positive characteristics over the lifetime. According to Bouwer (2014), the theory posits that individuals and communities can adapt and recover from adversity through a combination of protective factors, coping strategies and social support networks. In the context of Covid-19 and GBV, the resilience theory suggests that individuals and communities can draw on these resources to mitigate the impacts of the pandemic on GBV and to develop strategies to prevent and respond to violence.

METHODOLOGY

Approach and design

This study employed a mixed methods research approach to understand the experiences of survivors of GBV during the Covid-19 pandemic and the implications for social work services. A mixed methods research approach is defined by Creswell and Plano Clark (2018) as research that involves the integration of qualitative and quantitative research and data in a single study. Following Plano Clark and Ivankova (2016), qualitative and quantitative data were collected at the same time, analysed separately, and compared in the final analysis. Data were collected using quantitative and qualitative methods (questionnaires and semi-structured interviews) to provide evidence about the experiences of survivors of GBV during Covid-19 pandemic and how social work services were involved.

The type of research design that was used is convergent parallel research design. This design was suitable for the study because it offered the potential to provide a comprehensive analysis of the experiences of survivors of GBV during the Covid-19 pandemic and the implications for social work services in Matatiele, Eastern Cape, South Africa. A pragmatic paradigm underpins the study. Pragmatism is not committed to one system of philosophy and reality (Creswell & Creswell, 2022). As a methodology, it adopts philosophical assumptions to provide direction for gathering and analysing data from various sources and perspectives in a single study. It also promotes an in-depth investigation of experiences, such as those of GBV survivors during the Covid-19 pandemic, as well as the implications for social work services.

Population and sampling

The target population for this study consisted of GBV survivors who suffered abuse during the period of the Covid-19 pandemic and GBV social workers who were working during the pandemic in Matatiele in the Eastern Cape. Matatiele, located in the northern part of the Eastern Cape province of South Africa, is a predominantly rural town where access to resources is limited, contributing to a scarcity of information on critical issues such as gender-based

violence and the challenges faced by its residents in accessing vital resources and information. The data collection had a quantitative phase and a qualitative phase. These are discussed below.

Quantitative phase

For the quantitative phase, the researcher used random sampling to select participants. The random sampling was stratified, and this involves dividing the population into subpopulations that may differ in important ways (Creswell & Creswell, 2022). The strata for the study were males and females aged 18-35 who were GBV survivors and who reported the abuse between April 2020 and May 2022 at the Thuthuzela Care Centres (TCCs). The total number of GBV survivors was 335. The researcher sampled 10% of the total population. As a result, 35 GBV survivors were selected as participants for the study. Data collection took place until saturation was reached which was at 30 GBV survivors.

Qualitative phase

In the qualitative phase, non-probability sampling was used to select social workers dealing with GBV. The rationale for using non-probability sampling was that the number of GBV social workers in Matatiele was known. As such, purposive sampling was used for selecting GBV social workers to participate in the research. Purposive sampling is a purposeful choice of participants owing to their relevant qualities (Etikan et al., 2016). The researcher used this method to choose GBV social workers, because they could provide information from an expert perspective. As result, the sample for the semi-structured interviews was five GBV social workers.

Participants in this study were recruited through various methods. For GBV survivors, on the one hand, telephonic communication was used because Matatiele is spread over an extensive area and its geographical location is remote, which made in-person visits to participants' residences unfeasible. On the other hand, GBV social workers were approached in person at their local service offices. Because there are two Department of Social Development (DSD) offices in Matatiele, the researcher scheduled appointments to meet with social workers at these sites. Those stationed at the Thuthuzela Care Centres (TCCs) were also recruited at that location. Throughout the recruitment process, all participants were informed about the voluntary nature of their involvement and their right to confidentiality.

Sampling criteria

The research participants included in the sample were selected to meet specific criteria. The GBV survivors had to meet the following criteria to be included in the sample:

- Must have been physically or sexually abused between the years 2020 and 2022;
- Must have reported the abuse;
- Must be between the ages of 18-35 at the time of the study (2022) and
- Must have been living in Matatiele, Eastern Cape between 2020 and 2022.

The selection criterion for GBV social workers was:

- Must have been working at the TCC in Matatiele and working during the Covid-19 pandemic.

Data-collection methods

The study adopted different data-collection methods. Primary data were collected using both questionnaires as well as semi-structured interviews. The reasons for choosing to collect primary data is that primary data, which tend to be more credible, authentic and objective, have not yet been published. Furthermore, because primary data have not been updated or manipulated by researchers, their validity is stronger than that of secondary data (Kabir, 2016).

In the quantitative phase of the study, data were collected from GBV survivors using questionnaires that were personally distributed by the researcher. The questionnaires were written in English and consisted of three sections. Section A focused on the demographic information of the participants, while Section B focused on the availability of resources for GBV survivors, and Section C focused on the experiences of the GBV survivors. The questions were translated into Xhosa during data collection. The data were collected for a period of one month. In collecting data, the researcher distributed questionnaires to the sampled GBV survivors. Participants agreed to complete questionnaires at TCC. Qualitative and quantitative data were collected at the same time for GBV survivors, the researcher used one method for collecting data, which was the questionnaire (Creswell & Creswell, 2022).

In the qualitative phase of the study, the semi-structured interviews were conducted with social workers by the researcher on different days. The researcher arranged appointments with GBV social workers and had interviews with them at the time that they were available. The interviews were held at Taylor Bequest Hospital in Matatiele. The interviews with GBV social workers were conducted at different areas of the hospital, because they were not done during the week and during working hours. The researcher asked to conduct the interviews in areas of the hospital that were not used frequently.

Data analysis

Quantitative phase

Quantitative data analysis is the systematic collection and evaluation of measurable and verifiable data. It includes a statistical technique for evaluating or interpreting quantitative data (Creswell & Cresswell, 2022). After the data were collected, they were organised and analysed. For the quantitative phase, data were analysed using descriptive statistics. Descriptive statistics is a type of quantitative data analysis that is used to describe or display data in a quantitative format that is easily accessible (Creswell & Creswell, 2022). For the analysis of the responses to the quantitative questions, Statistical Package for Social Sciences (SPSS) was used.

Qualitative phase

For the qualitative phase, data were analysed using narrative data analysis and thematic data analysis techniques. According to Kim (2016), narrative data analysis is based on narrative reasoning, which attends to the specific and unique qualities of human behaviour in a certain

situation. For semi-structured interviews, each participant was interviewed individually. Each recording was transcribed, and a chronological order of stories was constructed and the stories were retold in that order. For the thematic analysis, the analysis was conducted through the series of interrelated stages proposed by Braun and Clarke (2006), namely familiarisation with the data set, searching for themes, reviewing identified themes, defining and naming themes. Thematic analysis is defined by Braun and Clarke (2022) as a form of qualitative analysis that is used to analyse categories and present themes or patterns that relate to the data. As with any other method of qualitative analysis, thematic analysis seeks to provide a detailed and complex explanation of any given data set. With this, the researcher can gain a deeper understanding of the phenomenon under study. Thematic analysis is deemed the most suitable for any study that aims to ascertain meaning through interpretation of the data. This study has thus constructed its analysis plan and data-processing practice with reference to the analytical techniques that are applied to qualitative and quantitative data.

Data validity and reliability

Validity and reliability increase transparency. According to Robson (2011), a research instrument's validity is determined by how well it measures what it is designed to measure. Reliability is a measure of research consistency, precision, repeatability, and trustworthiness (Chakrabartty, 2013; Mohajan, 2017). In this study, the questionnaires were answered by GBV survivors, and the interviews were answered by GBV social workers. The physical and psychological settings where data were collected were made comfortable by ensuring privacy, confidentiality and general physical comfort. Moreover, the researcher made sure that the semi-structured interview questions were representative of what services are offered by the social workers to the GBV survivors and how those services were disrupted during the Covid-19 pandemic. Content validity was further ensured through consistency in administering the questionnaires and interviews. According to Patino and Ferreira (2018), external validity is the degree to which study findings can be extrapolated beyond the sample used.

Dependability and trustworthiness

Dependability, also referred to simply as consistency, is one of the criteria for consistency and trustworthiness (Janis, 2022). The interview questions and questionnaires were included and described in detail. The researcher documented the study methodology, including procedures for recruitment, data collection and data analysis to ensure dependability. Trustworthiness was ensured throughout the research process (Nieuwenhuis, 2019). The study's credibility was promoted by persistent engagement with the data to ensure that findings were grounded in data. To promote the confirmability of the study, a logical research process was followed, allowing for the study to be replicated in other settings. The dependability of the study was enhanced through careful and detailed documentation of the research process, thus leaving a clear audit trail.

Confirmability

Confirmability is the last criterion of trustworthiness that researchers must establish. Its goal is to prove that the researcher's conclusions and interpretations are derived from the participants' opinions, thus requiring the researcher to show how conclusions and interpretations have been

reached (Tobin & Begley, 2004). Confirmability was assured by checking and rechecking data obtained from the research participants. This was done throughout the data-collection process.

Ethical considerations

The study received ethical clearance from the University of Fort Hare Ethics Committee (UREC), reference REC-270710-028-RA Level 01. Participants were informed about their right to voluntary participation. Conducting research in an ethical manner helps in ensuring the validity and reliability of the research (Lune & Berg, 2017). All participants signed informed consent forms prior to participating in the study. Confidentiality was ensured throughout the research process. Participants were also requested to not write down their names on the consent forms or to say their names during interviews. This was done so that confidentiality can be maintained and that no participants had their identities revealed. During the data-collection process, the research participants were not asked for their names or any identifying details. "participant 1" were used as the identifier during the analysis process. To guard against the possibility of emotional harm, a counselling referral system was arranged in case participants would need this. A face-to-face counselling method was arranged for the individuals who needed the service. One participant was referred for counselling.

FINDINGS

The findings for the qualitative and quantitative phase are described below. The presentation and analysis start with quantitative and qualitative data from the questionnaires followed by qualitative data from the interviews. The table below presents the data on the gender of participants.

Table 1: **Gender of study participants**

Gender		
	N	**%**
Female	24	80.0%
Male	6	20.0%

Table 1 above shows that 24 (80.0%) of the participants were females, while 6 (20.0%) participants were males. According to the above information, women were more vulnerable to abuse than men during the Covid-19 pandemic. Dahal et al. (2020) state that during hard lockdown, women and children were confined in the home and temporarily restricted from escaping abusive partners or perpetrators, which increased their risk of experiencing violence in the home. This increase in GBV occurred because during lockdown many people were not able to work, or earn an income, resulting in increased economic insecurity and a lack of basic necessities (e.g. food), which might have increased conflict over resources in intimate relationships (Van Gelder et al., 2020).

The data on the age of participants are presented in Table 2 below.

Table 2: **Age of participants**

Age of the participants					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-20	7	23.3	23.3	23.3
	21-29	16	53.3	53.3	76.7
	30-35	7	23.3	23.3	23.3
	Total	30	100.0	100.0	

Table 2 above presents the age of the respondents who responded to the questionnaires. Out of 30 participants 7 were 18-20-year-olds (23.3%); 16 were 21-29-year-olds (53.3%), and 7 were 30-35-year-olds (23.3%). This analysis suggests most of the survivors of GBV during the Covid-19 pandemic in Matatiele were aged 21-29. It must be noted that the sample size of (n=30) is relatively small and not randomly selected from the entire population of Matatiele or South Africa, but only from those that reported GBV to the Thuthuzela Care Centres in Matatiele.

Table 3 below shows data for the geographical area of the study.

Table 3: **Geographical area of study**

Geographical Area		
	N	%
Town	4	13.3%
Location	5	16.7%
Rural	21	70.0%

The majority of the participants in the sample, namely 21 (70.0%) out of 30, stayed in the rural areas around Matatiele and 5 (16.7%) lived peri-urban locations, while 4 (13.3%) lived in town (urban). This information shows that most participants lived far from the hospitals, which means it was not easy for them to access support as no assistance is readily available and accessible in the villages. Nkanisa (2020) asserts that the majority of women in rural areas experience sexual abuse. The majority of women and girls residing in rural areas are predominantly vulnerable to GBV. Nkanisa (2020) adds that rural women have internalised and normalised the abuse. The abusive situations are made worse by lack of reporting. In addition, Nkanisa (2020) emphasises that the severity of GBV in rural areas is specifically dire because of lack of resources and inadequate support from institutions and government agencies that are supposed to help victims of GBV.

A quantitative analysis was conducted to ascertain the experiences of GBV survivors during the Covid-19 pandemic and the implication for social work services. Table 4, presented below, displays the descriptive statistics of the participants' responses to the question, "Would you say your experience of GBV was different from how it was before the pandemic?".

Table 4: **Perceived gender-based violence during Covid-19**

Response	Frequency	Percentage	Valid Percent	Cumulative percent
Yes	19	63.3	63.3	63.3
No	11	36.7	36.7	36.7
Total	30	100.00	100.00	100.00

Most of the research participants said their experiences of GBV were different from what they were before the pandemic, that is before early 2020. As shown in the table, some participants indicated that their experiences of abuse were the same. This might be because a participant was abused once during the Covid-19, whereas they had not been a victim of GBV before.

For the participants who answered "Yes" to the above question, they were asked to explain why they said their experiences of GBV were different from what they were before. Most of the participants provided similar answers to this question, some of which are quoted below.

> *It was different because when I was abused before, I was able to get help from the Police and the court.*
>
> *Going to town was difficult and I could not get the help I wanted.*

Another participant expressed the same problem:

> *It was difficult because I had to wait in long queues while I had injuries, and the nurses were very busy.*

GBV survivors often require urgent health care after they have been abused. Health care services can take the form of medical examination or psychosocial support. They also need legal services. P23 said:

> *My partner lost his job due to Covid-19 and he stayed at home full time and that caused him a lot of stress. As a result, his behaviour, thoughts and feelings changed to a point that he physically and emotionally abused me.*

Another participant said:

> *I have difficulty escaping my abuser.*

It is clear from the data that many participants had a difficult time getting away from their abusers.

According to a study conducted by Mahlangu et al. (2022), during the hard lockdown (lockdown level 5), which was implemented in 2020, the year when P3 was abused, people were required to stay at home, schools were closed, and people were not allowed to go outside of the home for exercise, or any other reason, beyond seeking or providing essential services and food. Interprovincial and international travel was also banned.

According to P11, her experience of abuse was different because during the Covid-19 pandemic lockdown, she was forced to stay under the same roof with her abuser, and it was

difficult to visit other family members. P11's response to the question offers one of the several reasons why violence increased during Covid-19 lockdown. When hard lockdowns were in force, women and children were confined in their homes and temporarily restricted from escaping abusive partners or perpetrators, which increased their risk of experiencing violence in their homes (Dahal et al., 2020).

P26 said before the Covid-19 pandemic she had spent most of the time at school. When the schools closed, she was forced to stay at home and face her abuser. The participant further stated that her abuser was always frustrated and took all his frustrations out on her

Qualitative phase

The findings from the GBV survivors in the quantitative phase were consistent with the findings of the social work practitioners (SWP) in the qualitative phase. The verbatim comments that provide evidence for these findings are presented below.

> *The victims would get the medical side of everything but not the psychosocial side. So…ah for the social workers to be able to work with the victims they had to like call…like use phone calls of which it's…I think it's not as effective as when you are sitting face-to-face interacting with the victim.* (SWP)

> *The fact that we were unable to… interact with our victims…that was the worst part of it. The fact that you can't sit with them and talk with them… the fact that you can't because in order for you to help a GBV survivor you need to see like you need to interact with her, see the emotions and all that. So uhm… yeah that was mostly the face-to-face interaction with the victims that was the main challenge." (SWP).*

The Covid-19 pandemic made living difficult for the GBV survivors and GBV social workers in Matatiele. The reality of this is proved by data from both the GBV survivors and the GBV social workers. All 35 participants (100%) stated that the Covid-19 pandemic worsened things. The majority of the participants said that what made things even worse was that they could not access help easily, as there was no transport to go to places of help, and in the areas where they could get help, such as the police stations, clinics and hospitals, there was a shortage of staff. As the focus at the time was mainly on preventing and curing patients infected with the coronavirus, social workers could not conduct GBV programmes such as awareness campaigns, community dialogues, support group sessions and physical counselling, as the lockdown restrictions prohibited such activities.

As a result of the lockdown regulations, accessing services was difficult, especially for the GBV survivors. Equally, the provision of services to the GBV survivors was also very difficult. To support this claim, the research shows that 22 out of 30 participants (73%) stated that they could not access help because there was lack of transport to go to town and there was shortage of staff at the places of help. In addition, one participant wrote that she was not able to make a call to report the abuse because she was afraid that her abuser might assault her in front of the children. Ndlovu et al. (2022) confirm that during the Covid-19 pandemic it was difficult for the victims to access help, because victims could not make telephone calls because of the aggressor's presence within the victim's home.

Difficulty escaping abusers

One of the reasons the GBV survivors suffered the most during the Covid-19 pandemic was that they could not escape their abusive partners or family members. Out of the 30 GBV survivors who participated in the study, 15 (50%) of them were abused by their partners, 3 (10.0%) by a family member, 1 (3.3%) by a community member, and 11 (36.7%) by a stranger. The 50% of GBV survivors whose partners abused them gave different reasons leading to their experiences of abuse. Some said that their partners felt inferior because they were not working and were therefore unable to provide for their families anymore, and they thus used abuse as a way to regain power over their partners. Unemployment has long been associated with abuse. According to Leburu-Masigo and Kgadima (2020), during the Covid-19 pandemic GBV increased owing to the pre-existing toxic social norms and gender inequalities, economic and social stresses caused by the pandemic, as well as movement restrictions and social isolation measures.

During the Covid-19 pandemic, GBV survivors were confined in a restricted space with their abusers. The data provided by the research participants indicate that 50% of them were abused by their family members. This is a clear indication that most violence happened at the participant's home (domestic violence or intimate partner violence). One of the factors that affected GBV survivors was the fear of punishment, mainly if the 'crime' or supposed transgression occurred within the immediate family, and this also led to lower rates of reporting (Gutura & Nunlall, 2020).

Difficulty reaching GBV survivors for psychosocial support services

GBV survivors require health care after they have been abused, and this could be in the form of medical or psychosocial assistance. However, GBV survivors received only medical assistance during the pandemic. The study revealed that the Covid-19 pandemic made things worse because no physical contact was allowed. This made things difficult for social workers to provide psychosocial support to the GBV survivors, because they could not engage in face-to-face counselling with their clients. The majority of the GBV social workers said that online counselling was not effective, as the social workers could not see the clients face to face. No observations were possible, and the social workers could not see the emotions of the clients or their facial expressions, which are very important aspects of the counselling session.

The study revealed that phone call counselling had challenges, because phones were either not answered, or there were network problems in the rural areas as well as loadshedding in the country in general, which meant that some clients could not be reached. In most parts of Matatiele the network signal is very low. Sometimes it gets overpowered by Lesotho networks such as Telekom, Econet and Mascom. When this happens, cell phones do not work, which may last about six hours to a day. This happens whether there is loadshedding or not. Figure 1 below shows this problem:

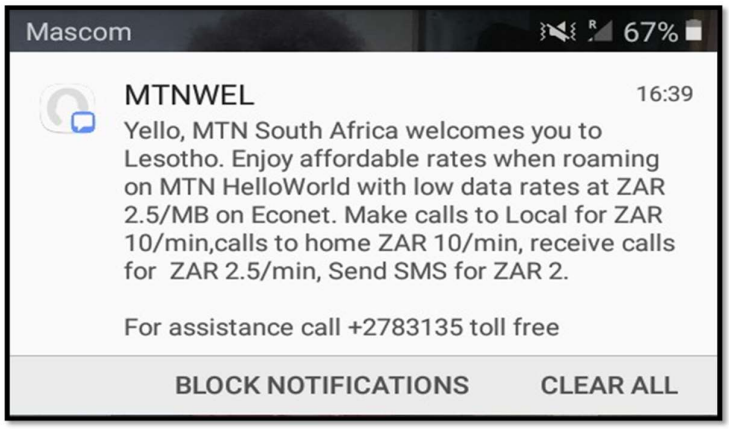

Figure 1: **Picture showing Mascom network in Matatiele**

The GBV social workers complained about being unable to reach their clients for telephone-based counselling. According to the social workers, this made work difficult, as they could not provide the services to the clients. The GBV social workers providing psychosocial support to GBV survivors faced various constraints such as insufficient technical support, absence of the necessary devices and poor internet connection.

RECOMMENDATIONS

To effectively support survivors of gender-based violence (GBV), a multifaceted approach is essential, particularly during crises such as pandemics. Awareness campaigns and dialogues are critical for education and outreach, but when large gatherings are restricted, digital platforms, online workshops and community radio programmes can serve as effective alternatives. It is also crucial to ensure that hotlines and emergency contacts for survivors are well-publicised and easily accessible. Given the limited evaluation of these interventions' effectiveness during the Covid-19 pandemic, further research and analysis are recommended to identify gaps and guide improvements. Strengthening social work support is equally important; this includes hiring more social workers in rural areas, providing them with protective gear and formally recognising them as essential workers during emergencies. Additionally, governments must prioritise GBV response services, ensuring they remain operational even in challenging circumstances like pandemics.

Long-term efforts should focus on addressing the root causes of GBV by tackling systemic gender inequalities through education, economic empowerment and legal reforms. Mental health support for survivors and those living in abusive environments is critical, especially during crises when stress and isolation are heightened. To ensure preparedness for future emergencies, a national GBV response plan should be developed, with robust systems for monitoring GBV trends and ensuring data-driven interventions. By adopting these strategies, South Africa can build resilience against GBV, better support survivors, and create a safer, more equitable society.

CONCLUSION

The Covid-19 pandemic had a huge negative impact on the incidence of GBV, including prevention and response services. GBV survivors could not get all the help they needed and the GBV social workers could not provide the psychosocial support effectively to people who required the services. This is because the GBV response and prevention programmes were not deemed essential in the national response to the pandemic.

Gender-based violence is a serious problem that needs multifaceted approaches to fight it. Governments, non-profit organisations (NPOs), non-governmental organisations (NGOs) and civil society organisations (CSOs) must work together to fight GBV, which will lead to achieving goal 5 of the UN Sustainable Development Goals, namely 'gender equality'. Gender equality is a fundamental human right and foundation for a peaceful, prosperous and sustainable world. There has been progress over recent decades, but the world is not on track to achieving gender equality by 2030.

The Covid-19 pandemic changed the way people live, while the introduction of lockdowns limited the opportunity to address gender-based violence. This study exemplified how gender-based violence is part of a wider struggle towards equality. It highlighted how the Covid-19 pandemic contributed to, and largely exacerbated, incidents of gender-based violence. The study also showed the role played by social workers during the pandemic. Notwithstanding, the literature and findings of the study indicate that social workers were not recognised during the Covid-19 pandemic and were, therefore, not proactively engaged in assisting people during the pandemic.

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