

Case Study

Increased Gender Based Violence during the Covid-19 Pandemic: A Zimbabwean Case Study

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Abstract:

The brief addresses the increase of GBV in the wake of COVID-19. Outlining the possible triggers of violence under COVID-19 lockdowns, the brief argues that emergence situations affect social relations, worsen gender inequalities that already exist between men and women as well as violence perpetrated against women and girls. The brief stresses the need by the Zimbabwean government to come up with strategies and measures so that rampant cases of gender based violence may be kept at bay in future health pandemics through identifying and developing needs based solutions, where women and girls are at the center of responses to the crisis. The brief also targets researchers and practitioners to help inform further evidence generation and policy action within the broader intersectional gender- and feminist-informed pandemic response. The brief concludes by making recommendations on how the Zimbabwean government can prepare for future health pandemics. Under current lockdown conditions, desk review, social, media reports analysis; observation and telephone interviews with key selected informants were used.

Keywords: Gender-Based Violence, wake, COVID-19, Zimbabwe.

Introduction

The brief addresses the increase of GBV in the wake of COVID-19 in Zimbabwe. Outlining the possible triggers of violence under COVID-19 lockdowns, the brief argues that emergence situations affect social relations, worsening, as well as widening the gap in gender inequalities. The study observed that due to lockdowns and restriction on movements due to the pandemic, violence against women and girls has been on the rise. The brief stresses the need by the Zimbabwean government to effectively respond to and reduce risks of GBV in future health pandemics. This can be done by identifying and developing needs-based solutions, where women and girls are at the center of responses to the crisis. The brief also targets researchers and practitioners to help generate further information and evidence and best policy action to be undertaken within the broader intersectional gender- and feminist-informed pandemic response.

The Emergency of Coronavirus (COVID-19)

In December 2019 (COVID-19 first appeared in China's district of Wuhan and by early 2020, over one hundred and fifty countries worldwide had been affected by the deadly virus. As a result of the deadly nature of the virus, the World Health Organization (WHO) tagged the virus a global pandemic (Human Rights Watch: 2020). Worried about the fast rate at which the virus was spreading, the WHO appealed to world governments to put in place measures and strategies aimed at controlling and containing the spreading of the virus. (European Center for Disease and Control:2020). In response to the call, Zimbabwe enforced a nationwide lockdown as an emergency management plan on the 24th of March 2020 (The Herald 24 March :2020). Under the lockdown, universities, schools, churches, restaurants and saloons were closed. All domestic and international flights were halted. Persons suspected of having the virus were quarantined for monitoring or treatment. Only essential service providers like hospitals and supermarkets were left to operate. Whilst the lockdown was meant to prevent the spreading of COVID-19, it created a potential for conflict and violence in families. Thus within weeks of the lockdown, Zimbabwe started reporting alarming cases of gender-based violence.

The Prevalence of GBV under COVID-19 Lockdown

According to SIDA (2020) GBV refers to any harm or emotional suffering that is perpetrated against a woman or girl, man or boy. The harm or suffering perpetrated against victims has negative impact on the psychological health, physical, sexual development

or identity of the person. That GBV increased in the wake of COVID-19 in Zimbabwe is evidenced by the data obtained from Musasa, Project, a Zimbabwean organization whose mandate is the prevention of violence against young girls and women. Musasa Project director, Precious Taru confirmed that Musasa recorded a total of 4,302 GBV calls between the 30th of March 2020 and July 15 2020. In April 2020 1,312 cases were recorded, whilst 915 cases were recorded in May 2020 while June 2020 had 776 cases (Musasa Project:2020). Statistics from both Musasa Project and Women's Action Group (WAG) further revealed that cases of GBV during the lockdown had an overall average increase of over 60 per cent compared to the pre-lockdown trends. Clarah Mhlaba, programs officer of WAG said about 94 percent of the calls were made by women. Gweru Victim Friendly Unit also raised concern over increased cases of GBV recorded at points of entry as a result of the increased influx of returnees and unavailability of quarantine facilities to host them.

Increases in GBV cases have also been witnessed in many countries that have instituted COVID-19 lockdowns. According to Peterson et al (2020) in China's Jiani County only, one hundred and sixty-two cases of violence were reported for the month of February only. This figure, according to analyst has risen three times the number of GBV cases reported in February 2019. In addition, ninety percent of the cases were attributed to COVID-19. France saw a thirty two percent increase in domestic violence reports in just over a week (European Institute of Gender:2020). Countries such as United Kingdom, Germany, Italy, Brazil, Spain and the United States, recorded huge increases in different forms of sexual and GBV with helplines in Malaysia, Argentina, Lebanon and Singapore registering an increase in calls by thirty three percent since the implementation of lockdown measures (UN Women Brief:2020). The above scenario brings out the symbiotic relationship between GBV and health pandemics hence the reason why governments need to be well prepared for future outbreaks to reduce or curb the cases of violence against young girls and women..

Methodology

The brief was undertaken during the height of COVID-19, as such lockdown restrictions had already been effected in Zimbabwe. Consequently, face to face interviews could not be conducted due to restrictions on movement and so voices of GBV victims are not presented. A qualitative approach was used to understand how COVID-19 lockdowns created fear and uncertainties in people. A combination of fear, uncertainties create a tense environment in the home which in turn becomes fertile ground for several factors to incite violence. The brief made use of official reports newspapers, statistics, internet reports and observation. Telephone interviews with selected key informants, desk review of academic reports, health emergency and GBV articles were also used.

Discussion and Analysis

Lockdowns and quarantines are not normal routines for people. Constable Moyo of the Victim Friendly Unit observed that lockdown conditions enable several factors to incite violence. Mhlaba also observed that with lockdowns and quarantines, people free trapped and these feelings of helplessness combined with financial hardships can trigger the worst violence in many households, and, the results can be disastrous for women and children. Quarantines also increase interactions in the home, with victims becoming more vulnerable due to prolonged face-to-face exposure to perpetrators. This situation becomes worse in cases where victims have experienced or been exposed to domestic violence before. (Interview with Taru).

Data gathered for the brief suggest that health emergencies are not the causal factors behind GBV. Instead, health emergencies are mere catalysts, which enable or facilitates the triggering of violence. According to the 2020 UNIFPA report, pre-existing gender inequalities are the basic factors behind GBV. These inequalities are then reinforced and aggravated during emergency situations. As such, there is need for the government of Zimbabwe to identify, develop needs-based solutions and implement policies, where women and girls are at the center of all responses to the crisis to dampen and minimize the risk of GBV during future health emergencies.

The consequences of gender based violence extend beyond the victim to the society. Clarah Mhlaba observed that GBV has negative-socio-economic impacts on sustainable development and the general well-being of society. Victims of GBV many vent their frustrations on their children and others, thereby transmitting and intensifying their negative experiences to those around them. Alternatively, children may come to accept violence as an alternative means of conflict resolution and communication, thereby reproducing and perpetrating violence.

The Zimbabwe case study shows that very little is known about the occurrence of GBV during health pandemic as exhibited by lack of preparedness in the current COVID-19 pandemic. Analyses of official and media reports suggest that lack of data on the prevalence of GBV during disasters contributes to this lack of awareness. While Zimbabwe has national policies on disasters and national legislation on gender, few policies refer to gender in national disasters. None of Zimbabwe's disaster plans include arrangements for preventing and responding to GBV. Against this backdrop, the government of Zimbabwe needs to facilitate research to determine the frequency of GBV during health pandemics, the forms it take, and what can/should be done to prevent GBV. The data is necessary to enable the government to plan and prepare effectively to future health pandemics.

The brief observed that in Zimbabwe, disasters and GBV are usually treated as two separate types of humanitarian emergencies. Yet, the fact that GBV occur in health pandemics and during disasters suggests that the intersections between GBV, and disaster should receive more attention. Thus in future health pandemics, GBV should be addressed during public health crisis and resourced accordingly. The Zimbabwean government has received a lot financial as well as other material resources from different

donors and organization and these resources should be channeled towards addressing GBV.

Recommendations

The study argues that states have the mandate to protect its citizens from any forms of harm and insecurity. Equally important is the fact that the state must ensure the provision of comprehensive services and protection to survivors of such violence in line with the General Recommendations No.19 of the UN Committee Elimination of Discrimination against Women in 1992. The immediate responses by government to GBV during national emergencies should include, among other measures, reproductive health, medical, and psychosocial support to survivors of GBV. Other GBV deterrents that need consideration include tightening legal and policy framework. These can be a vital measure aimed at both prevention and response to GBV. Legal frameworks and punishments shape norms in society and might work as deterrents. On the same note, rehabilitation measures and services must be all inclusive packages, catering for the needs of both victims and perpetrators of violence, a process called secondary prevention, in order to decrease future perpetration.

Policies designed and adopted by the Zimbabwean government must be designed in such a way that the rights of women take center stage and are protected. Measures to contain and combat the spread of COVID-19 should always be carried out in strict accordance with human rights standards. Currently, basic rights are being violated as services needed by victims are deprioritized; victims in abusive situations are more exposed to increased control by their abusers, with little or no recourse to seek support. The government must ensure the protection of women's rights from the beginning of an epidemic with country plans classifying the provision of protection and assistance services to victims of GBV as "essential". These should remain operational during and beyond the lockdown.

Furthermore, the government should identify and collaborate with women's rights organizations already focused on sexual and GBV. Organizations like Musasa, Women's Action Group, Shamwari yemwana Sikana among others are very knowledgeable and have long experience on how to give support and service to women and girls who have survived GBV. As observed by UNHRC (2020), observed that much of the current laws, policies that addressing different forms of GBV are to a larger extent a result of sustained and strategic advocacy from women's rights organizations and networks worldwide. These organizations must be given tools and resources to ensure a sustainable base for recovery during and after health pandemics. As such, centers run by women's organizations can be used to ease pressure on the government during health emergencies.

Preparedness Beyond COVID-19. A

Beyond the pandemic, efforts must be made to build resilience by ensuring continuity of core and quality health services, including alternative delivery structures. Building resilience for future shocks is essential for longer-term peace and development. Women have to be engaged, protected and empowered during and beyond the pandemic settings, to lay a strong foundation for recovery and sustainable development. (Willmer:2020). A strong foundation for recovery and sustainable development is only possible if the government implement globally agreed frameworks on GBV, maintain core health services and systems, ensuring continued collaboration with women organizations and adequately supplying them with resources to offer services at given time. Constant media campaigns and programs are relevant in educating women of the increased risk during times of crisis. Women's participation should be prioritized to ensure that the response to COVID-19 does not reproduce or perpetuate discriminatory gender practices and inequalities, Women's roles within communities typically places them a in good position to positively influence the design and implementation of prevention activities. This level of preparedness eases pressure on governments in the event of future outbreaks.

In partnership with research institutions and the academia, governments should support research and strengthen the availability of evidence on the gender implications of health emergencies to inform advocacy and programmatic interventions that are gender sensitive. Since GBV is steeped in gender inequalities, it is then prudent that country strategic plans for preparedness and response must be grounded in strong gender analysis. Resilience capacities can be built by empowering women economically through women's entrepreneurship and employment opportunities as well as, coming up with legal frameworks that ensure and safe guard women's access to land and property rights. There is also the urgent need to encourage women's access to quality education. World Bank (2020) has shown that women's economic empowerment interventions are crucial for longer term prevention of GBV. The empowerment of women enhances their power to bargain and the ability to walk away from abusive relationships.

Tappies et al (2016) advocates for the broadening of existing research and practices to address the causes and triggers of violence, highlighting the need to target the potential and actual perpetrators of violence (also Ellsberg et al:2015). To this date, there is very little evidence to suggest that previous research in Zimbabwe have investigated factors that cause and trigger the perpetration of GBV during and post national health and natural disasters. Neither has any studies been found that focus on the engagement of men and boys in humanitarian programs to prevent the perpetration of GBV in these specific contexts. As a post emergency measure, it would be important to conduct an extended study on linkages between GBV and COVID-19 with a special emphasis on community experiences and responses. This would bring out women's coping strategies and any community structures used for interventions, solutions or arbitrations.

Lastly, the government of Zimbabwe needs to bridge the gap between law and practice through the strengthening of accountability mechanisms to follow up and evaluate the implementation of laws addressing preventive responses to GBV. There

is need to ensure that social protection systems and measures put in place by the government to address gendered risks during and even after pandemics are adhered to. As such there is need for a close working relationship between state security forces and women organizations and networks for purposes of coordination, implementation and law enforcement. The strengthening of accountability mechanisms play a vital role in helping women and their families cope and recover from social shocks and ultimately promoting and protecting their rights

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