



INTRODUCTION

South Africa's first case of COVID-19 was identified on 5 March 2020. Ten days later a national State of Disaster was declared and a lockdown instituted on 27 March. Its introduction prompted disquiet.¹ In Wuhan, site of the very first lockdown in January 2020, complaints of domestic violence to one police station had reportedly tripled in comparison to the same period in 2019 (Wanqing, 2 March 2020). In some European countries calls to domestic violence helplines had increased in tandem with the imposition of their lockdowns² while 'Counting Dead Women' claimed that the number of women killed in the UK by their intimate partners had doubled during the first three weeks of their lockdown (Oppenheim, 15 April 2020).

Anticipating a similar surge, the South African government began extensively advertising the Department of Social Development's (DSD) helpline, the Gender-based Violence Command Centre (GBVCC). Shelters were declared an essential service and required to operate during the lockdown, as were the courts, needed to grant protection orders in terms of the Domestic Violence Act (among other urgent matters) (Maphanga, 25 March 2020). But on 2 April the worst appeared to have been confirmed: 87 000 calls

related to gender-based violence (GBV) had been made to the police in the first week of the lockdown, according to the Minister of Police, Bheki Cele (Mlambo, 2 April 2020). By 23 April, the head of the Salvation Army's shelter in Tshwane, Gauteng was stating that she had received an "astounding" number of calls for accommodation (van Dyk, 23 April 2020).

The reality was more complicated.

On 5 April, three days after his shocking announcement, the Minister corrected himself: the figure of 87 000, he explained, referred to the total number of calls made to the GBVCC for all of 2019 (Masuabi, 5 April 2020). And in the Western Cape, unlike in Gauteng, shelters stated they had not witnessed a significant increase in the number of women seeking their sanctuary (van Dyk, 23 April 2020; see also Samanga, 10 July 2020). What, then, had happened during the lockdown? How frequently had violence occurred and what forms had it taken? More, how had these rates of violence translated into the need and use of shelters? And what, in fact, had been women's experience of help-seeking during the lockdown?

¹ See, for example, National Shelter Movement, 26 March 2020; Moosa, 26 March 2020; Maphanga, 25 March 2020.

² For an overview of these reports see Mahase, 2020, as well as Taub, 7 April 2020 and The Guardian, 28 March 2020.

These kinds of questions largely disappeared under the weight of that figure of 87 000 and the idea that domestic violence had escalated to the status of a second pandemic. Bringing them back into focus was the aim of the research project ‘Care and Support in a Time of Epidemic.’ The study asked:

- What was the effect of the COVID-19 lockdown on women’s experiences of violence – specifically women who sought shelter during this period?
- What was the effect of the COVID-19 lockdown on shelter staff, programmes, processes and procedures?

Three sets of insights emerged around the lockdown: how it acted as a crucible for violence; the ways it affected women’s ability to seek and obtain help; and how it constrained or reconfigured the offering of help. Taken together, these insights also provided a lens onto the broader politics of care. In the context of the COVID-19 pandemic frontline health workers have deservedly been the focus of attention. By focusing on shelter workers, the project both extends these discussions to include those providing essential social services, as well as contributes to broader policy debates around care and its work.

ABOUT BRIEF 1 AND ITS SOURCES OF INFORMATION

Brief 1 introduces the project as a whole by collating and reviewing the available evidence for violence during the lockdown. Data from three points of service were considered:

- the GBVCC – with information drawn from the media, the DSD, as well as the GBVCC
- health facilities – published reviews of admission records provided some information about the use of health services
- the police – data around reporting to the police were extracted from the South African Police Service’s (SAPS) quarterly crime reports for the financial year 1 April 2020 to 31 March 2021, and supplemented with some of Minister Cele’s media briefings

These are secondary data collected for administrative purposes – use of a service – and thus limited in their ability to illuminate the problem of violence during the lockdown. Further, any errors that may have been made in the categorisation and analysis of the original data will unfortunately also be reproduced here. It was, however, possible to clarify and correct errors in the report detailing calls to the GBVCC (DSD, 8 August 2020). In three instances, the total provided for the number of contacts did not equal the sum of the addends. To check whether the errors lay in the addends, or the sums of these, the original figures were obtained from the GBVCC and the information also checked against a press release issued by the Minister for Social Development in the Western Cape (Fernandez, 25 August 2020). These confirmed the addends to be correct but the sums wrong. In addition, the GBVCC’s data was recalculated in the form of daily mean averages to enable comparison between the different time periods covered by each level of the lockdown.

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THE LOCKDOWN: VIOLENCE AND HOUSEHOLDS



*Level 1 extended beyond this period and has been subject to various adjustments since

Regulations gazetted in terms of the National Disaster Management Act, 57 of 2002, have determined the conditions of each level of the lockdown. Levels 5 (27 March to 30 April) and 4 (1 to 31 May) were the most restrictive, scoring 87.96 and 84.26 respectively on the Oxford Stringency Index³ for their strict stay at home orders; closure of schools and all but the most essential workplaces; bans on public transport, as well as movement between provinces and across borders; and prohibitions on the sale of alcohol and cigarettes. These regulations were forcibly imposed by the police and army and access to transport, the courts and police stations severely circumscribed.

While confining every person to his or her residence was intended to contain the epidemic, it also had the unintended effect of making the household the most likely site of violence during this period – households that were already home to a great deal of conflict. In 2015/16 alone, 275 536 applications for protection orders in terms of the 1998 Domestic Violence Act were lodged with the courts (Department of Justice and Constitutional Development, 2016).⁴ The bulk of these applications have been brought by women (eg. Vetten et al., 2009; Artz and Jefthas, 2011), which is in keeping with research finding intimate partner violence (IPV) to be the form of violence most frequently experienced by women (Kaminer et al., 2007). Indeed, the 2016 South African Demographic Survey reported one in five women to have experienced physical violence in the course of her lifetime (Statistics South Africa, 2016). Domestic violence, however, is not restricted to relations between intimate partners

but occurs within a range of family and household relations. Analysis of admission records for six shelters in the Eastern and Northern Cape showed 14% of residents to have sought refuge from family violence (Vetten and Lopes, 2018) while two small scale studies, one in Mpumalanga (Vetten et al., 2009) and the other in the Western Cape (Artz and Jefthas, 2011), found approximately 25% of applicants to have sought protection from family members.

These data underscore the importance of understanding the kind of household arrangements people were being confined to during the lockdown. To do so, household composition and living arrangements in South Africa are outlined next.

HOUSEHOLD COMPOSITION AND LIVING ARRANGEMENTS IN SOUTH AFRICA

In 2019 approximately 41.8% of South African households were headed by women (Statistics South Africa, 2020). Nuclear families made up 39.9% of households and extended families 34.2%. Just under one in four (23.4%) households consisted of one person only, while one in six households (14.7%) contained three generations. Skip generation households consisting of grandparents and grandchildren comprised one in 20 (4.5%) households.

³ This is a composite measure of 23 indicators of government policy responses to the pandemic developed by the Blavatnik School of Government, University of Oxford (Hale et al., 2021).

⁴ More recent figures are not used in this brief because it is not always clear what calculations for later years are referring to. In 2016/17, for example, the numbers presented appeared to be counts of particular types of abuse, rather than the number of applications made for protection orders. Using this method, the DoJCD reported 395 628 instances of abusive conduct ranging from physical abuse, to unauthorised entry into someone's residence (2017: 43). This represents a 43.6% increase on the previous year. Given how frequently different forms of abuse co-occur (eg physical and emotional abuse), such a significant increase is more likely the result of double-counting than an increase in the number of individual applications made.

Table 1: Household composition and living arrangements in South Africa, 2018 – 2019

| CATEGORY | 2018 | 2019 |
|-------------------|-------|-------|
| Female-headed | 37.9% | 41.8% |
| Single | 25.7% | 23.4% |
| Nuclear | 39.1% | 39.9% |
| Extended | 32.9% | 34.2% |
| Complex | 2.3% | 2.4% |
| Single person | 25.7% | 23.4% |
| Single generation | 14.0% | 13.9% |
| Double generation | 37.6% | 40.1% |
| Triple generation | 14.2% | 14.7% |
| Skip generation | 5.1% | 4.5% |
| Unclear | 3.5% | 3.4% |

Source: Statistics South Africa, 2019; and 2020

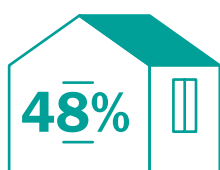
The lockdown altered both household composition and living arrangements. Between 22 and 26 March 2020 people were given the opportunity to move to households where they would shelter in place from 27 March onward. Between 5 and 6 million adults (or 15 percent of those aged 18 years and older), moved into a different household, which increased the number of men living in households with children. Where less than half of men (48%) were recorded as living in a household with at least one child at the end of 2017, this proportion increased to almost two-thirds (61%) during the lockdown (Posel and Casale, 2020). When level 4 came into effect on 1 May people were given the opportunity to move again between provinces or district areas if they needed to return to their places of residence or work.⁵ This time 3%, or about one million adults moved, with these most likely to be men – not least because they were much more likely to have employment to return to at the end of April (Posel and Casale, 2020).

A set of social and economic shocks followed almost immediately after the introduction of level 5. Approximately 3 million net job losses were recorded between February and April, with the poorest fifty per cent of South Africans particularly affected – 30% were retrenched and 9% furloughed without pay. The wealthiest quarter of South Africans did not entirely escape these consequences either: 8% were retrenched and 7% furloughed without pay (Spaull et al., 2020). These employment and income losses were disproportionately borne by women, retrenched more than twice as often as men (26% vs 11%), with black women hardest hit (Casale and Posel, 2020). Food insecurity and hunger followed rapidly. In April the incidence of households running out of money to buy food more than doubled from 21% to 47%, with approximately 2.2 million South Africans estimated to have gone hungry almost every day that month. While adults gave up their food to shield children from hunger, one in seven adults still reported that a child in the household had gone hungry in the last week (Spaull et al., 2020).

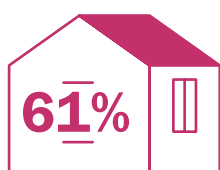
An increase in time spent on childcare was also reported by 73% of women and 66% of men in April. Of this group, almost 80% of women and 65% of men reported spending more than 4 extra hours a day on childcare. The gender gap persisted even when both were employed in April (Casale and Posel, 2020), with these increased responsibilities coinciding with remote work becoming the new norm.

These harsh and rapid changes took place within a context that forced together individuals whose relationships with one another may have already been conflictual and/or abusive, while simultaneously isolating them from help. What may have been the result in some households is sketched by the GBVCC, health facilities and the SAPS.

HOUSEHOLD COMPOSITION CHANGES



In 2017 less than half of men were recorded as living in a household with at least one child



In 2020 this increased to almost two thirds during lockdown



3 MILLION

job losses during Level 5 lockdown
*1 briefcase = 1 million jobs

ASSESSING THE AVAILABLE EVIDENCE OF VIOLENCE DURING THE LOCKDOWN

The GBVCC, along with Lifeline's 'Stop GBV' helpline, was one of the two national tollfree helplines in operation during the lockdown. Because detailed breakdowns of Lifeline's calls are not available, the discussion focuses on the GBVCC, which significantly shaped public understanding of the extent of GBV under the lockdown.

THE GENDER-BASED VIOLENCE COMMAND CENTRE

The GBVCC adopts a broad understanding of GBV that incorporates IPV in its various forms; diverse kinds of child abuse and neglect; the abuse of older persons; hate speech; trafficking and even forced initiation. On the face of it, these abuses result in a high number of calls being made to the GBVCC, illustrated by Table 2, which presents the total number of calls received annually between 2016 and 2019.

Table 2: Total number of calls received by the GBVCC annually between 2016 and 2019

| YEAR | GBV COMMAND CENTRE ⁶ |
|------|---------------------------------|
| 2016 | 97 321 |
| 2017 | 182 354 |
| 2018 | 102 286 |
| 2019 | 96 620 |

These figures are not an accurate reflection of the actual number of callers requiring help. Telephonic helplines offer immediacy, convenience and anonymity – service features of great benefit to those needing urgent assistance, or who live a distance from services, or whose shame may make it impossible to speak of their difficulties in person. But these features of telephones also result in a high number of hoax calls and calls about matters unrelated to the helplines' focus, in addition to the calls that are hung up or where the caller remains silent or is simply testing the line. Helplines thus distinguish between *calls* and *cases* in order to assess use of the service for the purpose it was actually intended. In the cases of the GBVCC, *calls* count the number of times any kind of contact, for whatever reason, is made with the helpline,

with these calls only counted as actual *cases* once an individual caller makes sufficient contact with the counsellor to explain their problem and receive assistance. Cases are thus a more meaningful measure of a helpline's service than calls.

To illustrate:

- In 2017 the GBV Command Centre received a total of 182 354 calls
 - 1 047 (or 0.6%) calls amounted to GBV cases, with this total comprising 32 cases of abandoned children, 12 cases of indecent assault and 1 003 cases of physical violence (Department of Justice and Constitutional Development 2018: 108).
- In 2018/19 the Command Centre received 102 286 calls
 - 6 905 (or 6.8%) of these were actual cases, of which 2 257 were GBV cases (Department of Justice and Constitutional Development 2019: 119). This figure represented 2.2% of all calls and 32.7% of all cases.

THE GBVCC AND THE LOCKDOWN

Both some media and the DSD sought to present this more nuanced understanding of the GBVCC's call numbers during levels 5 and 4 of the lockdown. *News24*, for example, reported that the GBVCC had received 8 764 calls, sms and USSD messages between 27 March and 11 April, with approximately 333 calls (or 3.79%) related to GBV (Maphanga, 15 April 2020). *OFm*, a radio station in the Free State, published an interview with the GBVCC's manager Nomathemba Malvern who explained that the vast majority of calls had been made by people seeking information, advice and financial relief in relation to the coronavirus outbreak and the resulting lockdown (Motse, 24 April 2020). She observed:

The whole of the country is facing quite a difficult period and people are desperate, they want to know how best to continue with their lives (Motse, 24 April 2020).

In August 2020, the GBVCC released a four-page breakdown of the different forms of contact made between 27 March and 4 August (DSD, 8 August 2020), making it abundantly clear that GBV-related contacts constituted a minority of the GBVCC's work during this period. Table 3 reports on the pre-lockdown period (1 January – 26 March 2020), as well as a portion of the lockdown (27 March – 17 November 2020). To enable comparison between these

two periods the mean daily average has been calculated for each form of contact, showing a 300% increase in the daily mean total number of all contacts received during the lockdown and a four-fold increase in the daily mean average number of GBV cases. However, the daily mean average number of GBV-related cases as a proportion of all calls, increased by only 1% during the same period.

Table 3: Mean daily average number of contacts prior to and during lockdown

| TIME PERIOD | MEAN DAILY CALLS | MEAN DAILY USSD | MEAN DAILY SMS | MEAN TOTAL DAILY | MEAN DAILY GBV-RELATED CASES (%) |
|--|------------------|-----------------|----------------|------------------|----------------------------------|
| Pre-lockdown (n= 17 425) 1 January – 26 March 2020 | 158.0 | 33.3 | 11.3 | 202.6 | 4.6 (2.3%) |
| During lockdown (n=147 337) 27 March – 17 November 2020 | 521.6 | 43.3 | 59.4 | 624.3 | 19.6 (3.2%) |

Table 4 covers the period 1 January to 18 October 2020 and provides a more granular level of detail by focusing on GBV cases alone and disaggregating the number of cases both by lockdown level, as well as province. Again, the daily mean average number of cases received during each level of the period has been calculated to enable comparison. (The daily mean average of cases is set out in the brackets.)

There is a clear increase in the daily mean average number of cases received by the GBVCC prior to the lockdown and Level 5, from 6.3 to 24.1. However, the daily mean average declined from Level 4 onward. Whether these fluctuations represent increases or decreases in violence or alterations in use patterns, perhaps affected by advertising of the line, is impossible to know.

Table 4: Total number of cases per level of lockdown and daily mean average, by province

| PROVINCE | PRE-LOCK-DOWN (86 DAYS) | LEVEL 5 (35 DAYS) | LEVEL 4 (31 DAYS) | LEVEL 3 (78 DAYS) | LEVEL 2 (35 DAYS) | LEVEL 1 (28 DAYS) | TOTALS |
|-----------------------|-------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|--------|
| Gauteng | 282 (3.3) | 385 (11.0) | 261 (8.4) | 722 (9.3) | 330 (9.4) | 203 (7.3) | 2 183 |
| KZN | 80 (0.9) | 114 (3.3) | 75 (2.4) | 233 (3.0) | 99 (2.8) | 50 (1.8) | 651 |
| Western Cape | 43 (0.5) | 94 (2.7) | 84 (2.7) | 140 (1.8) | 42 (1.2) | 26 (0.9) | 429 |
| Mpumalanga | 38 (0.4) | 76 (2.2) | 51 (1.6) | 159 (2.0) | 54 (1.5) | 38 (1.4) | 416 |
| Limpopo | 27 (0.3) | 50 (1.4) | 32 (1.0) | 168 (2.2) | 83(2.4) | 43 (1.5) | 403 |
| North West | 25 (0.3) | 48 (1.4) | 29 (0.9) | 112 (1.4) | 40 (1.1) | 23 (0.8) | 277 |
| Eastern Cape | 24 (0.3) | 36 (1.0) | 24(0.8) | 94 (1.2) | 28 (0.8) | 30 (1.1) | 236 |
| Free State | 13 (0.2) | 30 (0.9) | 21 (0.7) | 61 (0.8) | 23 (0.7) | 18 (0.6) | 166 |
| Northern Cape | 8 (0.1) | 9 (0.3) | 8 (0.3) | 13 (0.2) | 9 (0.3) | 11 (0.4) | 58 |
| National total | 540 (6.3) | 842 (24.1) | 585 (18.9) | 1 702 (21.8) | 708 (20.2) | 442 (15.8) | 4 819 |

In conclusion, the number of calls received by the GBVCC was a measure of people's distress and attempts to seek help generally – not an indication of the extent of GBV. Minister Cele's initial misunderstanding of the numbers has, however, been repeated so often that it is now a 'truth' about the lockdown – not least, perhaps

because it confirmed what people had been led to expect by international media reports.

Reviews of health facility admission records add yet another layer of complication to understanding the extent of violence during levels 4 and 5 of the lockdown.

DATA FROM HEALTH SERVICES

Six studies reporting on the use of different health services during levels 4 and 5 of the lockdown were identified, with their key findings summarised in tables 5 and 6. As analyses of violence based on trauma admissions are an indication of the extent of violence requiring medical treatment, they do not, of course, capture psychological, emotional and economic abuses and nor do they record physical violence not requiring treatment, such as pushing, shoving and slapping.

Table 5 presents data from four hospitals, two in the Western Cape, one in KwaZulu-Natal, and one in Gauteng. While the analysis of Helen Joseph's records found no statistically significant change in the number of trauma admissions during levels 4 and 5, the other three hospitals witnessed decreases in admissions ranging from 43% to 54%.

Table 5: Summary of studies reviewing facilities' trauma records

| HOSPITAL/HEALTH SERVICE | STUDY PERIOD | FINDINGS |
|--|--|--|
| Mitchells Plain (Hendrikse, Parak and van der Hoving, 2020) | Level 5 of lockdown compared with preceding 5 weeks | <ul style="list-style-type: none"> • 43% reduction in trauma admissions |
| Groote Schuur (Navsaria et al., 2021) | Pre-lockdown period (February and March 2020) compared to first three months of lockdown (April to June) | <ul style="list-style-type: none"> • 50% decrease in admissions associated with violent injuries during April and May of the lockdown. • Marginal 3% increase in admissions in June in comparison to pre-lockdown period of February and March. • Proportion of admissions related to violent injuries did not change |
| Helen Joseph (Venter et al., 2021) | February to June 2020 compared with February to June 2019 | <ul style="list-style-type: none"> • Decrease of 10% in assault with gunshot wounds • Decrease of 12% in general assault • Decrease of 32% in assault with stab wounds • Decrease not statistically significant |
| Edendale (Morris et al., 2020) | April 2020 compared to April 2019 and 2018 | <ul style="list-style-type: none"> • 54% decrease in assault admissions in comparison to April 2019 • 50% decrease in comparison to April 2018 |

Some gender analysis is offered of homicide and assault data collected by the emergency medical and forensic pathology services for 11 priority areas⁷ of the Western Cape during the first six weeks of the lockdown (Western Cape Community Safety, 2020). Overall, homicides decreased by 43.6% (although not to the same extent in all 11 areas) while 51.6% fewer pick-ups for treatment of assault-related injuries were recorded by the emergency medical services. The authors did not disaggregate their raw figures by gender, noting only the proportion of female victims for these two categories of crime. In relation to homicide, women comprised 4% of victims, compared to 7.8% in 2019, and 14% of assault victims, compared to 17.1% in 2019 (Western Cape Community Safety, 2020). This implies that women's rates of homicide, as well as assaults where emergency medical services were called, also declined while their proportion of victimisation, relative to men's, remained more or less similar.

Grey's Hospital, located in Pietermaritzburg in KwaZulu-Natal (Zsilavec et al., 2020) made the most effort to factor gender into their analysis. As a result, it clearly demonstrates how, once confined to households during levels 4 and 5 of the lockdown, men's victimisation decreased significantly while women's either remained the same or increased.

Between 2015 and 2019 a mean average of 304 trauma admissions was recorded for the period 23 March to 31 May. In 2020, the mean average decreased to 154 trauma admissions during this period. At this level of analysis Grey's Hospital demonstrates the same significant decrease in admissions as the other health facilities. But once the data are disaggregated by gender then a set of statistically significant differences emerges, as Table 6 illustrates. It shows how the decrease in the numbers of men admitted with injuries using blunt or penetrative force masked the extent to which the number of women's admissions either remained almost the same or increased (in the case of blunt assault). This decrease had the further effect of increasing the proportion of women, relative to men, who were injured in these ways during the lockdown.

Table 6: Comparison between men and women's trauma admissions, Grey's Hospital

| | LOCKDOWN (2020) | | PRE-LOCKDOWN (2015 - 2019) | |
|---------------------------|-----------------|---------------|----------------------------|----------------|
| | M | F | M | F |
| Blunt assault | 17 (73.9%) | 6 (26.1%) | 43 (88.8%) | 0.4 (11.2%) |
| Penetrating trauma | 48 (78.7%) | 13 (21.3%) | 109.4 (88.7%) | 14 (11.3%) |

These different data sets underscore the necessity of analyses that take gender into account. Had this been done then it is possible that the other four more general analyses may well have revealed patterns similar to those observed by Grey's Hospital. It is, of course, also possible that the perpetration of violence during the lockdown also varied across communities, as the Helen Joseph data suggests.

Where the health facility data raise questions around violence and locality, the police data raise questions of violence over time. For while the hospital data cover levels 4 and 5 only, the police's quarterly crime reports provide an overview of the lockdown's different levels over the 12-month period from 1 April 2020 to 31 March 2021.

THE SOUTH AFRICAN POLICE SERVICE

On 5 April the Ministry of Police issued a media statement on crime during the first week of the lockdown, which also included the Minister of Police's correction of his claim that 87 000 calls had been received by the GBVCC (Ministry of Police, 5 April 2020). He reported the following instead:

Over 2 300 calls/complaints have been registered since the beginning of the lockdown on 27 March 2020 until 31 March 2020 and from these, 148 suspects were charged. The figure in relation to calls/complaints between January 2020 and 31 March 2020 stands at 15 924. Once all reports have been consolidated, the figures will be measured against the number of calls/complaints received through the GBV Command Centre in 2019, where the figure stands at 87 920. (Ministry of Police, 5 April 2020)

It is notable that the media statement refers to calls/complaints, rather than cases, the term typically utilised by the police to refer to a reported crime. The language of 'calls/complaints' suggests that the Minister was largely referring to the GBVCC in this paragraph – an impression further reinforced by the context in which the number 2 300 appears. This is one in which the Minister speaks of comparing the GBVCC's calls/complaints for the lockdown, with those for 2019. It is possible then, that the 2 300 calls/complaints referred to include both the number of calls received by the GBVCC, as well as cases received by the police. Support for this interpretation is provided earlier in the media statement where the Minister reports only on the number of crimes reported to the police during the first week of the lockdown. During this period, the police opened 456 cases of assault with intent to cause grievous

7 These included Bishop Lavis, Delft, Gugulethu, Harare, Khayelitsha, Kraaifontein, Mfuleni, Mitchells Plain, Nyanga, Philippi and Philippi East.

bodily harm, the charge typically associated with domestic violence. The figure of 2 300 is credible within the context of the figure of 8 764 calls made to the GBVCC during the 16 days between 27 March and 11 April, referred to in the previous discussion of the GBVCC (Maphanga, 15 April 2020) – but is less credible in the context of the figures for domestic violence provided by the police later in May.

On 22 May the Minister of Police briefed the media around levels of crime between 27 March to 19 May 2020 and compared these with the period 27 March to 21 May 2019. Where 21 033 domestic violence cases had been reported during the 2019 period, 6 651 had been reported during the lockdown in 2020 – amounting to a 68.4% decrease (Cele, 22 May 2020). Put differently, the daily mean average of domestic violence reports in 2019 was 344.8 – but 112.7 in 2020. This makes the average number of domestic violence reports made daily to the police during this period more than four times the daily number of GBV cases dealt with by the GBVCC (112.7 versus 24.1).

The Minister credited the ban on sales of alcohol for much of this decrease – but did speculate that the lockdown restrictions may also have played a role in reducing reports to the police. Given how harshly the police and army enforced the lockdown the latter is highly likely:

- 118 000 people were charged with contravening the lockdown regulations by the end of April;

- by 22 May, a further 112 000 people had been charged, bringing the total number of charges to 230 000, with the Minister singling out as ‘a serious challenge’ the ‘failure to confine to place of residence’ (Cele, 22 May 2020).
- The Independent Police Investigative Directorate reported a 32% increase in complaints against the police during the first 41 days of the lockdown and 10 deaths as a result of police action (Parliamentary Monitoring Group, 8 May 2020).

These figures are not indicative of an environment conducive to reporting domestic violence (or any other crimes, for that matter⁸). They also suggest a police service so focused on enforcing the lockdown that attention to other policing duties (such as transporting women to shelters) may well have fallen by the wayside.

The impact of infection with COVID-19 also needs to be considered as a possible barrier to reporting. In the same speech of 22 May, the Minister stated that about 121 police stations and 40 units had been contaminated during the period reported on. Police premises had both to be vacated and decontaminated for between 12 to 48 hours and procedures of isolation and quarantine instituted. In the Western Cape, 19 stations had had to be decontaminated twice (Cele, 22 May 2020). While the police did seek to relocate the affected station’s client service centre elsewhere, it is very likely that some disruption to the availability of police services would have occurred.

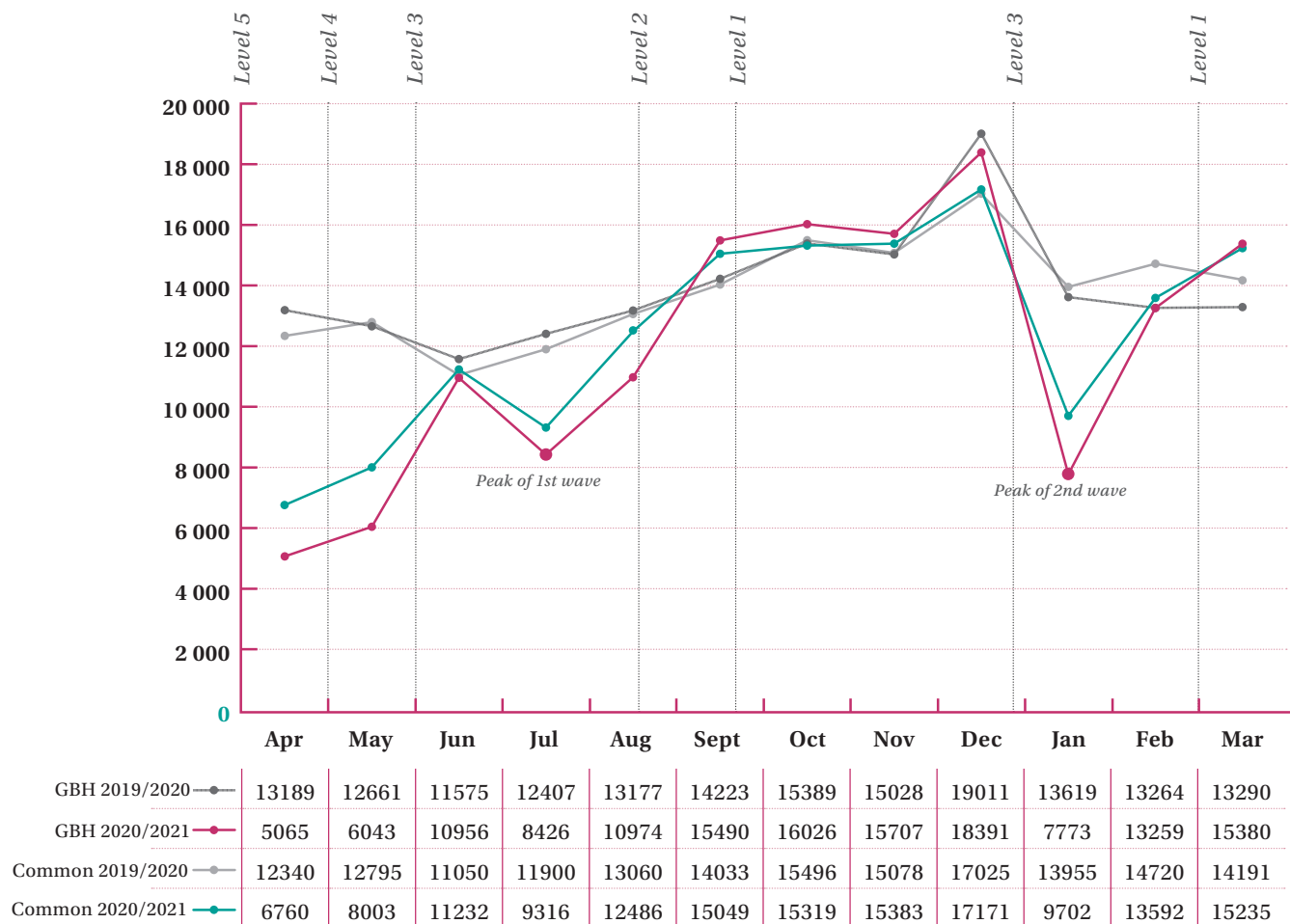
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⁸ See for example, the case of Cecelia Atkins who reported being assaulted by a police officer when she reported a housebreaking <https://www.dailyvoice.co.za/news/mom-opens-case-against-cop-who-beat-her-terribly-47918942> accessed 16 July 2021.

The COVID-19 pandemic may have affected the reporting of assault in other ways. Figure 1 maps, on a monthly basis, the number of cases of common assault and assault with intent to cause grievous bodily harm (GBH) reported to the SAPS in 2019/20 and 2020/21. In addition to the decreases

recorded during levels 4 and 5, further sharp decreases were recorded in July 2020 and January 2021, these corresponding with the peak of the first wave (recorded on 19 July), as well as the peak of the second wave (11 January).⁹

Figure 1: Cases of common assault and assault with intent to cause grievous bodily harm, by month, for the 2019/20 and 2020/21 lockdown levels¹⁰



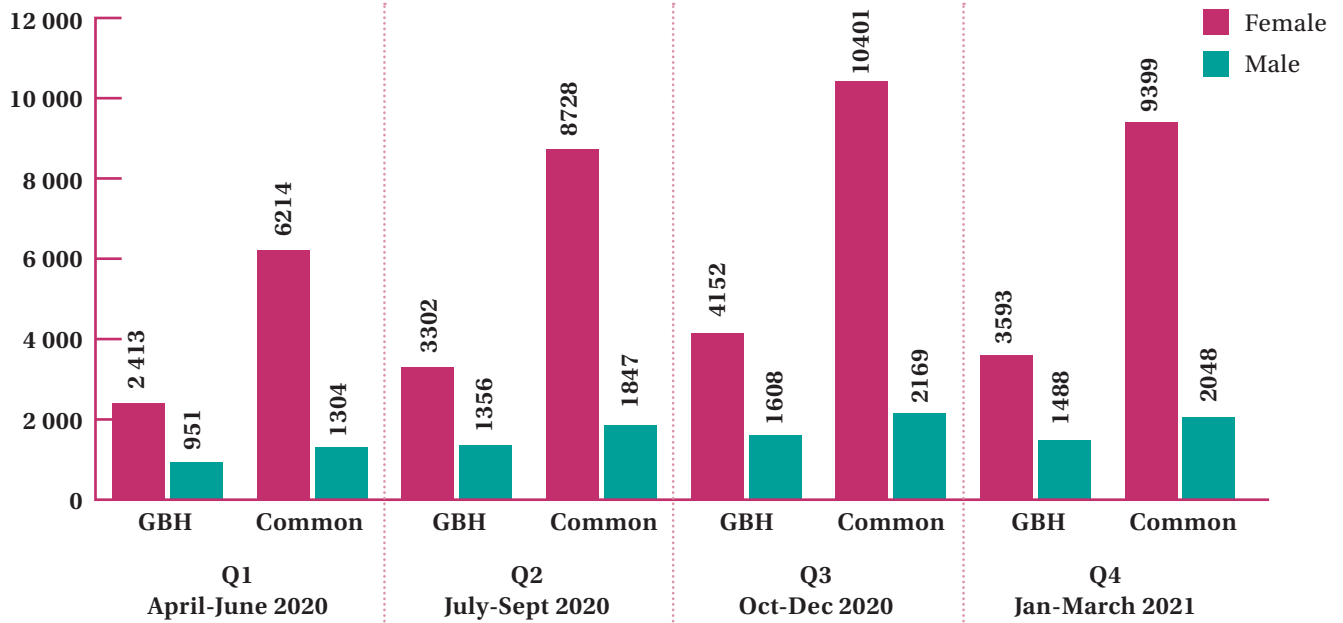
Where Figure 1 reported on all assault-related crimes, the next set of figures focus on different crimes considered by the police to be related to domestic violence, sourced from the quarterly crime reports for 2020/21 (SAPS, 2020a; 2020b; 2020c; 2021). The reports do not explain what criteria were used to categorise incidents as domestic violence (raising questions highlighted later in the section) and nor do they provide comparative data for previous years. Although disaggregated by gender, the data are not disaggregated by age so include some crimes against children (such as rape and murder). What they make clear is the disproportionate extent to which women and girls are victimised by their families in a range of ways.

Figure 2 sets out, by quarter, rates of common assault and assault GBH reported by women and girls and boys and men to the police. Overall, women constituted 71.3% of assault GBH complainants and 82.5% of common assault complainants during this 12-month period. However, the increase in women and men's rates of reporting both crimes after levels 4 and 5 is very similar. Women's reports of common assault increased by 67.4% between quarter 1 and quarter 3, when they reached their peak, while their reports of assault GBH increased by 72.1% over the same period. Men's rate of reporting common assault increased by 66.3% and assault GBH by 69.1%.

⁹ See the discussion on the various waves by Grant, Otter and Malan, 2020.

¹⁰ Lockdown levels and peaks of first and second waves pertaining to the 2020/2021 financial year included.

Figure 2: Assault types within context of domestic violence, by quarter and gender



The numbers of murders, attempted murders and rapes recorded for each quarter of the 2020/21 financial year are set out in figure 3. As murder is the crime least susceptible to under-reporting, it is likely that the numbers reported here are fairly accurate. They also tell a somewhat different story to the other crimes reported as being related to domestic violence. In quarter 1 women constituted 58.0% of victims, with the rate at which they were murdered increasing by 49.2% between quarter 1 and quarter 3. But by quarter 3 the proportion of women being murdered had declined to 50.2% due to men’s rate having increased

by 104.2% during the same time period. With only one of the quarterly reports having listed perpetrators (with the number of these not matching the number of victims) it is difficult to understand the context of these murders. However, at least some male victims murdered during the first quarter would have been boys killed by their fathers.

While attempted murder was the only crime to be at its peak during the first quarter and to decline thereafter, rape demonstrated a significant increase of 75.3% between quarters 1 and 3.

Figure 3: Murder, attempted murder and rape within context of domestic violence, by quarter and gender

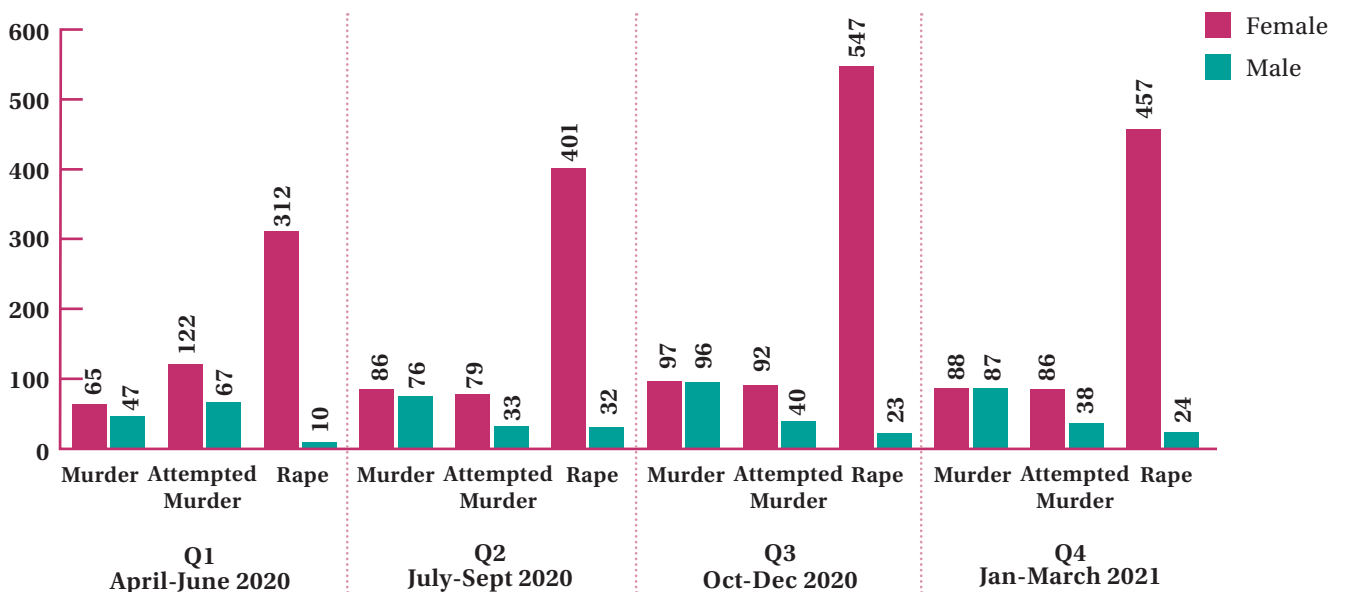
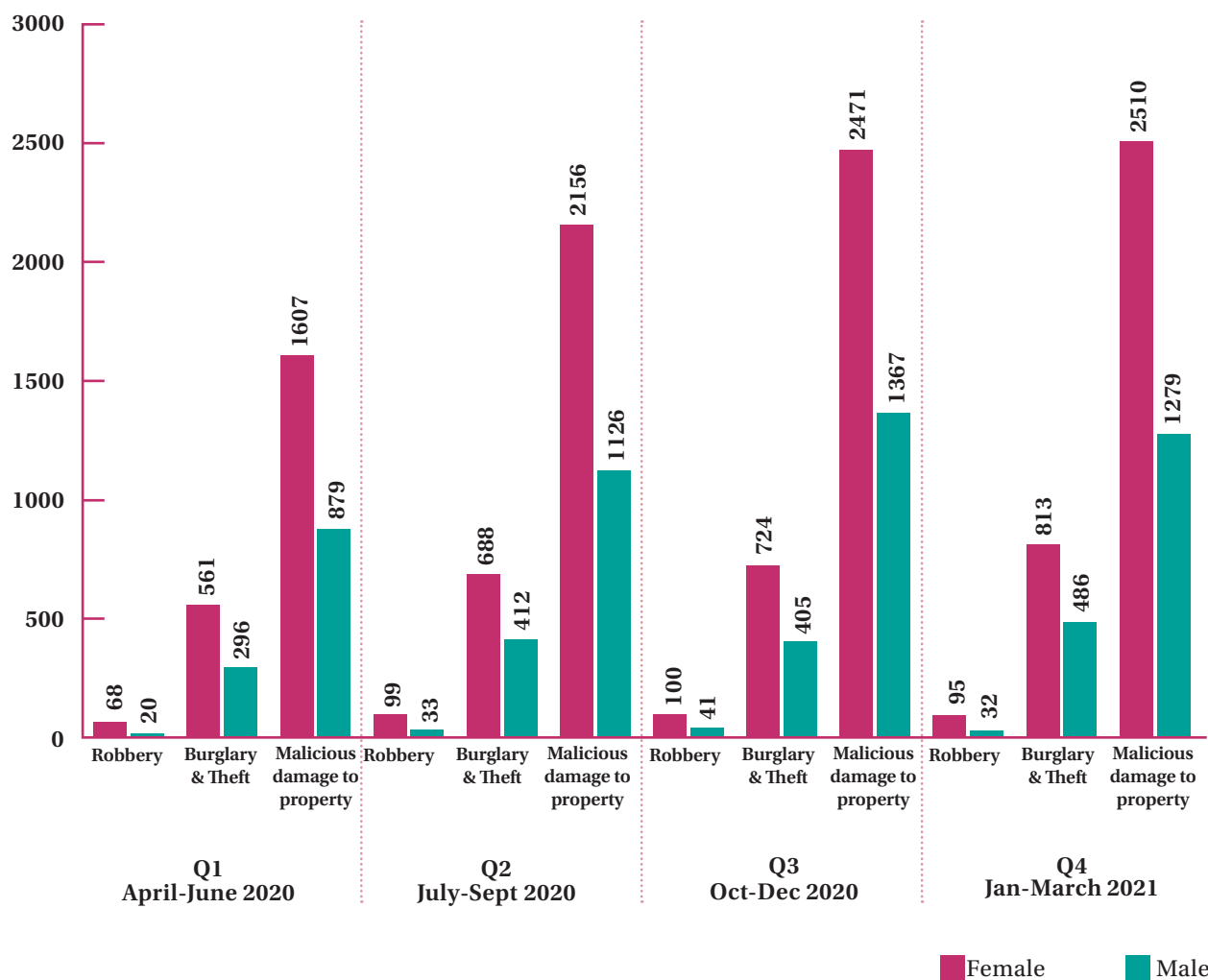


Figure 4 sets out crimes of domestic violence with a strongly economic dimension, including robbery involving the use of a weapon, as well as violence. Examples of these cases include a son stealing his mother's groceries and money – classified as theft – and a boy-friend who assaulted his

female partner to rob her of the child support grant (SAPS, 2021). In the context of the economic hardship caused by the lockdown, these crimes likely imposed even greater losses than previously.

Figure 4: Property-related crimes of domestic violence by quarter and gender



Only the quarterly report for April to June 2020 (levels 5 to 3 of the lockdown) provides any indication of the relationship between perpetrators and victims in these matters. While the majority of domestic violence crimes were committed by husbands and boy-friends (both current and former), brothers also featured prominently, as did sons, with the latter two categories probably accounting for a good percentage of the victimisation reported by men. Other perpetrators listed by the report included uncles, cousins, girlfriends, fathers and wives (SAPS, 2020a). The SAPS data thus makes visible both IPV, as well as intra-familial violence. But as it does not provide a context for this violence, the police data also obscures another gendered

form of family violence that occurred during the lockdown: the abuse of family members whose sexual orientation or gender identity and expression was rejected by their relatives. University student support structures provide anecdotal reports of lesbian, gay, transgender and queer students being abused when they left university residences to return home in terms of the lockdown regulations.¹¹

¹¹ Personal communication, C Beukes – Director of the Gender Equity Office of the University of the Witwatersrand.

CONCLUSIONS

The lockdown was expected to increase violence towards women because of the way it resulted in their social isolation, first by confining them to their residences with their abusive partners and second, by restricting their access to help. But whether the lockdown did indeed have this effect is a more complicated question to answer than it first appears. Three factors must also be taken into account when assessing the available data. To begin with, it cannot be taken at face value, being both sparse and limited (unlike the data generated around COVID-19 and the effects of the lockdown on the economy), as well as subject to misinterpretation. Additionally, some forms of domestic violence will simply not have been captured by either the police or health facility data. While these forms may have been included within the number of GBVCC cases, the GBVCC was not primarily used as a GBV resource during the lockdown – to the extent that more criminal charges related to domestic violence were opened on a daily basis with the police, than calls made to the GBVCC. Finally, these data measure help-seeking, rather than prevalence. That said, men's victimisation appears to have decreased significantly during levels 4 and 5. The evidence in relation to women's experiences is far more ambiguous. At the very best, levels of violence may have stayed the same for some women but also increased for others (although not to the extent that this warranted being described as a second pandemic). But what is inarguable is the increase in violence from level 3 onwards and while the increase may well reflect the easing of barriers to reporting, it does not explain the rise in murders.

The review also prompts further questions: how did the movement in and out of households by people who did not usually live together affect household dynamics during lockdown levels 4 and 5? Further, did the lockdown only increase the frequency and intensity of conflict and violence in intimate and family relationships that were already abusive – or did it also precipitate abuse in relationships

that were previously troubled and tense only? Could it even have led to abuse in relationships that were previously untroubled? Investigating these and related questions may widen understanding of the conditions enabling of violence.

The data presented here also issue a challenge to think about family violence in gendered terms – for the relations between grandsons and grandmothers, uncles and aunts, siblings, and children to parents, are no less rooted in gendered expectations, authority and obligations, than relations between intimate partners. Household composition in South Africa is diverse and there is too little acknowledgement of family violence in public and policy discourse, including in relation to LGBTQI+ persons.

Other policy questions are raised in relation to the help made available to those experiencing violence, especially during levels 4 and 5. Given the restrictions on movement and where police resources were focused, it is likely that the quality, nature and extent of help suffered – if it was even available. These questions have been neglected and should not be, for the lockdown is not yet over and its consequences will remain with the country for some time, including in ways not yet understood. How are the changed economic circumstances brought about by the lockdown to be addressed? To what extent might they increase women's economic dependence upon men? Further, many women continue to work remotely. To what extent might working at home keep them in close proximity to an abusive partner or family member? How might working remotely perpetuate social isolation and alter the role workplaces can play in addressing family violence in all its forms? Are different kinds of policy responses around care and support required in future?

Some of these questions are explored in the remaining briefs and research report.

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This brief is one of a series produced by the Heinrich Böll Foundation in relation to its 'Care and Support in a Time of Epidemic' research project. The project focuses on the impact of the COVID-19 lockdown on shelter services to victims of domestic violence in South Africa. The project seeks to strengthen policy and practice in the provision of domestic violence services. The project is being undertaken in collaboration with the National Shelter Movement of South Africa and led by researchers Lisa Vetten and Kailash Bhana.

Brief 1 is authored by lead researcher Lisa Vetten.

Suggested citation: Vetten, L. (2021). Care and Support in a Time of Epidemic - The Impact of the Covid-19 Lockdown on Domestic Violence in South Africa: What do we know? (Research Brief No. 1). Cape Town: Heinrich Böll Foundation.

Special acknowledgements extended to Kailash Bhana and Claudia Lopes for their valuable guidance on earlier drafts.

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