

# The Struggle Is Real: Fighting Sexual and Gender-Based Violence and Femicide Pandemic in the Time of COVID-19

Vicci Tallis and Tracy Jean-Pierre

The COVID-19 pandemic has intensified women's multiple vulnerabilities. The economy has reportedly lost about 3 million jobs since the start of the lockdown. Two-thirds of these jobs belonged to women. Women make up the majority of those employed in the informal sector, the sector hardest hit by the pandemic. Informal workers have no job security, do not enjoy the protection of labour legislation, and cannot access credit. For women, this entrenches economic dependency on men – one of the factors that keeps them trapped in abusive relationships. NS, South Africa, Self-Care Course, 2/12/2020

Across the continent, feminist organisations, small informal collectives, and individual feminists drive the response to sexual and gender-based violence (SGBV) in the absence of adequate state responses providing the support and resources that victims/survivors require. SGBV is endemic in many countries in Africa, reflecting and upholding patriarchy. According to the World Health Organization, 36,6% of women in the Sub-Saharan African region have experienced intimate partner violence (IPV). Feminist organisations have become more and more vocal, taking to the streets (in South Africa, Nigeria, and Kenya, among others) and challenging state responses. In South Africa, for example, the government has responded to sustained activism from women's rights organisations with a strategy that ticks all the boxes on paper (including support, access to justice, and prevention elements) but needs huge resources to be properly implemented. Needless to say, although the money has been earmarked, it has never been fully disbursed.

The COVID-19 pandemic, containment, and mitigation strategies have impacted significantly on SGBVF, and violence has increased exponentially, especially IPV. This has intensified the strain on organisations providing support: for example, the need for extractions increased during lockdown and the logistics became much

more complex, with women who conducted extractions requiring permits, and windows for extractions lessened.

Enza Social Research (ENZA), a feminist NGO based in South Africa and offering tailor-made, online, blended training and research, has a long history of involvement in SGBVF work. Through this work it became apparent that SGBVF activists were under even more strain in delivering services during the pandemic, and so ENZA developed a short online course on COVID-19, sexual and gender-based violence (SGBV), and Self-Care, which was offered free of charge to activists across the continent. The course consisted of three modules (COVID-19 and SGBV; Feminist responses to SGBV in COVID-19 Era – extractions, women with disabilities, resources; Self-Care). Embedded into the course were discussion forums that enabled a sharing of ideas, offloading, and raising issues. One hundred and three women registered from six countries (Botswana, Kenya, Malawi, Nigeria, South Africa, and Zimbabwe) with the majority from South Africa. The course ran during the 16 Days of Activism 2020, from 25 November to 10 December 2020.

The discussions<sup>1</sup> gave insights into the stress of doing SGBV work during the pandemic – but also highlighted innovative ways that feminist activists and organisations addressed the many challenges that the pandemic presented – including the mitigating strategies imposed by governments, such as hard lockdowns.

## The Stresses

The stress of doing extractions multiplied; some activists were unable to find alternative housing for abused women, and extraction workers/warriors/activists were dealing with their own individual COVID-19 pressures.

The gender-based violence (GBV) work was affected by COVID-19 in many ways. Women and young girls could not access [our organisations] to report the GBV cases, hence some ended up in graves. We could not network with the legal system so as to deal with the perpetrators, due to the total shutdown. Online platforms were overwhelmed with victims, since the cases of GBV increased during the lockdown period, hence we were unable to attend to all cases. *PM, Zimbabwe, Self-Care Course, 27/11/2020*

---

<sup>1</sup> Quotes in this article are taken from the discussion groups – we have referenced initials, country and date of contribution.

My GBV work changed during the COVID-19 lockdown; we couldn't access support services as quickly as before, we couldn't reach victims physically, or even if we could reach the victims, some police stations were closed because some police officers were infected. Mainly, our organisation supports, in terms of feeding programme, refugees, abandoned women, widows, and orphaned children, but during the COVID-19 lockdown, we couldn't get any support at all from our donors. It has affected us a lot – seeing women and children dying of hunger. *TP, South Africa, Self-Care Course, 26/11/2020*

COVID-19 forced a different kind and level of organising. Women began to act quickly – within a few weeks of lockdown, activists were promoting services, creating contact sheets, and organising local committees. Over and above the increased demand for services, activists had to deal with a complex set of issues: for example, hunger, and moving people to different areas. There was a need for a holistic response and plan – extraction alone was not sufficient to meet the needs of women.

More women needed access to assistance. They were vulnerable because they were unemployed or lost their jobs during COVID and some were confined at home with abusers... Our NGO was able to access some funding to assist survivors with food, transport, etc. *MR, South Africa, Self-Care Course, 3/12/2020*

## The Innovative Solutions

Across the continent, women's rights organisations working on SGBV adopted a variety of innovative solutions to deal with the pandemic and the resultant restrictions. Women from Nigeria worked with the state apparatus to intensify responses and circumvent the barriers to service delivery that COVID-19 deepened.

When the lockdown started, it was difficult for crisis response. Calls were coming in and restricted movement did not help at all. The emergency planning was not gender conscious at all. The police could not arrest or also make home arrest. Survivors were locked in with abusers. It was chaotic, although, with the State Domestic and Sexual Violence Response Team, we were able to use the fear of the law in some situations to intervene. *PO, Nigeria, Self-Care Course, 26/11/2020*

Kenyan feminists looked at ways to maintain community activism and also successfully advocated for changes in COVID-19 regulations to ensure that services could continue.

In Kenya, [the] COVID-19 pandemic posed considerable challenge to organising community meetings, and access to services at the health facility. There was inability to continue with project implementation due to government restrictions on social gatherings, lockdown, and curfew. This resulted in SGBV survivors experiencing difficulties in accessing services due to transport disruptions, lockdown measures, police brutality, and reluctance to go to health facilities. We adapted to the new normal and started conducting virtual meetings, holding small meeting sessions, providing masks while adhering to Ministry of Health guidelines. We advocated for a curfew pass for maternity and SGBV cases to allow continuity of services. We also conducted case management for SGBV.

*EM, Kenya, Self-Care Course, 7/12/2020*

Women funded a lot of the work themselves, given that there were limited resources available. The pandemic strained a lot of people financially – activists and first responders did not have the same resources they had before. For example, artists, activists and teachers found themselves out of work, but still continued to do the work as best they could.

COVID-19 really affected my GBV work. With the lockdown, I could not move up and down for awareness campaign, women and girls could not access sexual and reproductive health services, women and girls experienced more violence in my country because the recent research shows high numbers of rape, early pregnancies, and HIV infection. Poverty plus lockdown too contributed to an increase in GBV since many had no resources to utilise at their homes so they didn't have the courage to report any violence. *RP, Malawi, Self-Care Course, 1/12/2020*

Based on our own experience doing SGBV work, especially during COVID-19, the challenges of providing comprehensive services to meet the diverse and unique needs of women with disabilities proved even more difficult. Women who did the course

also raised the challenges in meeting the complex and special needs of women with disabilities – bringing to the fore gaps in service.

People with disabilities continue to be marginalised in response to GBV. Apart from stigmatisation they often face, there is a lack of empathy and support for people with disabilities, ranging from dealing with law enforcement, to government, communities, etc. There needs to be inclusiveness in the strategies and workplans with regards to GBV. *FR, South Africa, 9/12/2020*

People with disabilities, especially women, face violence, but it is hard for them to come out and report, not that they can't do it, but some are just afraid. *RP, Malawi, Self-Care Course 1/12/2020*

One activist from Nigeria highlighted the issue of the lack of representation of women with disabilities:

As women activists continue to fight for a more responsive contribution in all facets to GBV, we need women with disabilities activists too. We need their voices in decision making and on the drawing board. This will contribute immensely to [understanding] how GBV affects and impacts them. Also, more disability-friendly response and shelters are needed. *DA, Nigeria, Self-Care Course, 27/11/2020*

Even in a context where some services are available, such as South Africa, the issue of accessibility for women with disability remains an issue. As an activist from South Africa noted, "This is a big challenge, since most shelters do not have facilities that cater for people with disabilities. There is need for shelters to be made in such a way that they can accommodate people with disabilities." *CE, South Africa, Self-Care Course, 2/12/2020*

It was important to have an inherently feminist analysis of needs of both the persons providing support and the persons needing help. The module on self-care, which stemmed from the need to support first responders, emphasised the importance of self-care as essential and provided tips on how to develop a contextual and culturally appropriate self-care plan.

Self-care is more than just putting the plaster on the trauma sore. It is about creating a stable mind, body, and soul to respond to the challenges without attaching ourselves to the cases we deal with. Self-care is also about celebrating your services and what you offer. When we affirm ourselves, we care for ourselves. *SN, South Africa, Self-Care Course, 25/11/2020*

Focusing on the self is critical, given that the notion of women taking care of themselves is more often than not strongly influenced by patriarchal norms and prescriptions. This is so even with feminists who understand the rhetoric, but who also find it difficult to take care of their own needs – as evident in the voices of two different South African activists:

I sometimes find it difficult to do a self-care plan, because of fear of self-exposure and change. Once I thought deeply about the bigger picture of myself and what is happening in the world, I have realised that a self-care plan is a benefit for other people too. *NS, South Africa, Self-Care Course, 27/11/2020*

I find it very difficult to do a self-care plan. Debriefing is something I need to do regularly, but don't prioritise things to care for myself SADLY! I commit to working on this because I know it is important and will make me feel a lot better. *PM, South Africa, Self-Care Course, 4/12/2020*

Some organisations shared useful internal strategies to position self-care as a critical part of organisational function.

Self-care has to be a deliberate and intentional part of the work, just like Audre Lorde mentioned. To my organisation and I, it is not a luxury but a lifeline. We owe ourselves to take care of us. The world is going no-where and the problem is there. “It is only the living that can make any contribution to help and support others.” This is our mantra. When I perceive my staff and see they are getting worn out, I shut down services and it's a “no work” day. Straight to the beach, cinema or where the

weather and mood permits us to play. No work. We resume next day rejuvenated. Same as group therapy, as well as making sure opportunities are taken for fellowships, conferences... travel away from work and taking their leave. Self-care is part of our work culture. It's not joked with. *PO, Nigeria, Self-Care Course, 27/11/2020*

## Conclusion

Despite multiple personal challenges faced by feminists across the region, it is clear that SGBV activists continued to fight violence and provide as much support to victims/survivors as possible. This is not without consequences for women – and with no end in sight to the COVID-19 pandemic, it is critical that support is provided to frontline responders to enable them to continue the work in a way that is not detrimental to their own health and wellbeing.