



**JOINT SUBMISSION ON COVID-19 AND THE INCREASE OF DOMESTIC VIOLENCE AGAINST  
WOMEN**

**To the Special Rapporteur on violence against women, its causes and consequences**

**30 JUNE 2020**

Sonke Gender Justice, The Foundation for Human Rights (FHR) and Mosaic Training Service and Healing Centre would like to thank the Special Rapporteur on violence against women, its causes and consequences, Ms. Dubravka Šimonović, for the opportunity to submit inputs on the increase of gender-based violence against women and domestic violence in the context of the COVID-19 pandemic.

This submission will focus on setting out the available interventions by the South African government on gender-based violence and domestic violence during the COVID-19 period. Where possible, the submission will highlight any deviations from policies in place with anecdotal evidence.

The submission is divided into sections according to a contextual background of COVID-19 in South Africa and addresses questions posed by the Special Rapporteur in turn.

**Contextual Background**

In response to the global pandemic, the South African government undertook drastic measures to contain the spread of the virus and save lives. A nation-wide lockdown took

effect on 26 March to 30 April 2020 as 'Alert Level 5'. Only deemed essential services were permitted during the period which led to an increased risk of people in abusive relationships being confined in spaces with their abusers. As with the rest of the world, additional drivers of gender-based violence and domestic violence were present such as economic insecurity and poverty-related stresses. The country has since gone through 'Alert Level 4' where most people were still at home and essential services and some non-essential services were permitted to operate. Currently the country is on Alert Level 3 which has seen most businesses open except for the hospitality industry and self-care services such as hotels, restaurants, hair and beauty salons. People are now able to move more freely than the previous levels where there was a curfew. The South Africa National Defence Forces (SANDF) and the police have been monitoring and overseeing the adherence to the lockdown provisions. Unfortunately in some instances this has resulted in brutality and excessive use of force.

**To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis.**

Unlike other countries which have been able to accurately report on the increase of violence against women<sup>1</sup>, particularly domestic violence; South Africa has not been able to provide data that supports this statement as there is limited accurate information in this regard. During his address to the nation on 13 May 2020, President Cyril Ramaphosa acknowledged that there was an increase in gender-based violence (GBV) and that the regulations have been amended to allow a woman to leave her home to report GBV.<sup>2</sup> Between April and May 2020, the Foundation for Human Rights conducted an online survey of 127 Community Advice Offices (CAO) throughout South Africa. The findings provides some insight into life under

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<sup>1</sup> The term 'women' is used in a context which is non-cisgender and all inclusive.

<sup>2</sup> <https://www.dailymaverick.co.za/article/2020-05-13-covid-19-president-ramaphosa-announces-a-slight-lockdown-lifting-but-when/>

Covid-19 restrictions for millions of people living in South Africa, as experienced by CAO members living in their local communities. With regard to GBV, 54% of CAOs reported an increase in GBV incidents during lockdown, across all provinces.<sup>3</sup>

However, in another statement the Minister of Police Bheki Cele said that the notable increase in GBV was in relation to the number of distress calls made to the GBV command centre and not necessarily reported cases.<sup>4</sup> He noted that in terms of reported cases there was a sharp reduction in comparison to the previous year where in the period of 27 March - 21 May 2019, 21 033 cases were reported and in the same period in 2020, 6 651 cases were reported.<sup>5</sup> In terms of the data provided by Minister Cele, over 2 230 calls/complaints had been registered since the beginning of the lockdown on 27 March until 31 March 2020.<sup>6</sup> This is 37% higher than the weekly average for the 87,290 domestic violence cases reported to police during 2019.<sup>7</sup> The National Department of Social Development's GBV Command Centre had its own latest statistics, which indicated that during the lockdown period it received more than 54 000 complaints.<sup>8</sup> Whilst it is noted that GBV was already at crisis levels in the country before the onset of COVID-19. The pandemic has only exacerbated the pre-existing conditions.

Of note is also the increased media coverage of violence against women particularly sexual violence, rape and femicide. This has helped ensure that GBV remains on the news agenda as a critical issue amidst the COVID-19 pandemic.

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<sup>3</sup> The incidents referred to here also include those that may not have been reported to police stations or are not active police cases. The FHR conducted the online survey with CAOs given their strategic positioning, the organisations offer a unique perspective on the realities of life, often in the vulnerable and marginalised communities that they serve. The findings of the FHR CAO report still yet to be launched at the time of submitting this report.

<sup>4</sup> <https://www.gov.za/speeches/minister-bheki-cele-coronavirus-covid-19-regulations-levels-compliance-and-adherence-22-may>

<sup>5</sup> Ibid

<sup>6</sup> <https://www.saps.gov.za/newsroom/msspeechdetail.php?nid=25461>

<sup>7</sup> <https://www.dailymaverick.co.za/article/2020-04-06-how-might-the-covid-19-lockdown-affect-public-safety-in-sa/#gsc.tab=0>

<sup>8</sup> <https://www.iol.co.za/news/politics/lockdown-prevented-report-of-gbv-cases-lifeline-48393350>

What is clear from the South African government's current response to COVID-19 and in relation to data processing and capturing for contact tracing, and reporting to the public on infections regularly, is that the government has clearly demonstrated an ability to manage and obtain national data in a reliable manner. We would argue that the same thought and resource be applied to ensure accurate, disaggregated data around GBV so that interventions are relevant, appropriate and better informed.

**Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?**

The Gender-Based Violence Command Centre (GBVCC) operates under The Department of Social Development. The Centre operates a National, 24hr/7days-a-week Call Centre facility. The facility employs social workers who are responsible for call-taking and call referrals. The Centre operates a no-cost Emergency Line number – 0800 428 428. This is supported by a USSD, “please call me” facility: \*120\*7867#. A Skype Line ‘Helpme GBV’ for members of the deaf community also exists. (Add ‘Helpme GBV’ to your Skype contacts). An SMS Based Line 31531 for persons with disabilities (SMS ‘help’ to 31531) also exists. The Centre is able to refer calls directly to SAPS (10111) and field Social Workers who respond to victims of GBV.<sup>9</sup>

In addition to the GBVCC, civil society run helplines are also operating during the lockdown period. This includes the helpline operated by LifeLine South Africa 0800 150 150. Later into the lockdown, this helpline was published nationally, in partnership with the National Department of Social Development, as the line to use for cases of Domestic Violence (DV) and Intimate Partner Violence (IPV).

The general feedback from sister organisations have indicated that survivors of GBV have often complained that they were unable to get hold of a Social Worker at the GBVCC. In a

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<sup>9</sup> <http://gbv.org.za/about-us/>

recent news article in May 2020,<sup>10</sup> Minister Sisulu confirmed that the GBVCC was struggling with capacity and was increasing the number of assigned social workers to attend to the calls and cases being received through the GBVCC. The capacity has been further diminished as a result of Covid-19 social distancing protocols that reduce the number of Social Workers that can operate in the GBVCC at one time.

### **Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?**

Under alert level 5, Regulations provided by the Department of Cooperative Governance and Traditional Affairs did not expressly specify that GBV related services were categorised as essential services under Annexure A.<sup>11</sup> However, the Directions issued by the Minister of Public Service in respect of service delivery indicated that critical services included social services in relation to providing places of care for vulnerable groups including victims of GBV that are state owned, state funded or state subsidised and care and support services in residential facilities in which people with disabilities and other vulnerable groups such as victims of gender-based violence are accommodated.

Despite these services continuing, many victims of domestic violence may have been afraid to contravene the lockdown regulations and were also unaware that they were free to approach police services to open cases or seek assistance from the Thuthuzela Care Centres (TCCs) which are one-stop facilities aimed at reducing secondary victimisation and assist with building successful prosecutions for GBV cases. This fear was exacerbated by the increased military and law enforcement presence within communities as well as fear of law enforcement and/or police affecting arrest or issuing of fines.

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<sup>10</sup> <https://www.dailymaverick.co.za/article/2020-04-29-minister-admits-gender-based-violence-cases-rising-as-lockdown-continues/>

<sup>11</sup> [https://www.gov.za/sites/default/files/gcis\\_document/202003/4314825-3cogta.pdf](https://www.gov.za/sites/default/files/gcis_document/202003/4314825-3cogta.pdf)

There are also anecdotal reports of perpetrators of domestic violence threatening that they will report the survivors of violence breaking the lockdown regulations of movement restriction and curfew, should they wish to lodge complaints against the perpetrators.

With the implementation of alert level 4 with express provisions of GBV related services under permitted services and continuous media announcements in reference to their availability, more members of the public have become aware of this exemption and have sought these services. Civil society also engaged with the public via media platforms to ensure this information was widely spread. About three-quarters of CAOs reported some form of support services for GBV survivors in their community. In most communities (59%) these took the form of counselling services.<sup>12</sup>

While there was a noted increase in the number of people reaching out for such services,<sup>13</sup> there were, and still are, many instances being reported to civil society advocacy and service organisations of instances where Police Stations and Magistrate's Courts are using the COVID-19 pandemic as an excuse to negate their duty to act in the cases of GBV.

**Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?**

Shelters have been open and available since alert level 5 lockdown and have continued to operate during the various alert levels of lockdown according to the national government lockdown regulations.

During the initial hard lockdown, level 5, the ability for shelters to provide adequate shelter was severely impacted by the COVID-19 regulations. In the Western Cape Province, in an attempt to reduce the risk of infection, a phased shelter approach was adopted, with all new service users needing to first be housed in Phase 1 shelters for 14 days before moving to Phase 2 shelters.

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<sup>12</sup> Supra, note 3.

<sup>13</sup> <https://www.iol.co.za/news/politics/lockdown-prevented-report-of-gbv-cases-lifeline-48393350>

Procuring appropriate and sufficient Personal Protective Equipment (PPE) presented a significant challenge, especially in the case of PPE for children. This challenge was both from the budgetary implications of purchasing large quantities of PPE as well as the general lack of PPE at the start of the national response to COVID-19.<sup>14</sup>

Despite shelters being gazetted as essential services, anecdotal reports indicate that access to shelters has been a challenge during lockdown as a result of limited available space in line with COVID-19 health regulations, as well as availability of shelters to specific vulnerable groups such as persons with disabilities, families and migrants, some of whom are undocumented and may not be able to seek for GBV services due to fear of their status and being arrested. According to the FHR CAO survey access to shelters was extremely limited – 88% of CAOs reported no shelters for GBV survivors in their communities.<sup>15</sup>

### **Are protection orders available and accessible in the context of the COVID-19 pandemic?**

Yes. Applications for Domestic Violence Protection Orders and Harassment Protection Orders have been available in all magistrate's courts in South Africa. During levels 5 and 4 of the national lockdown, no finalisation of protection orders were being granted, but new applications were available and interim protection orders could be granted.

In terms of accessibility, the hours of operation in the courts were reduced and access into court buildings severely limited, with persons accessing the court most often needing to wait outside the court building awaiting COVID-19 screening and to be called to the domestic violence court section to be assisted.

During level 5, what was deemed the hard lock down, access to the courts to apply for a protection order would have been limited, in part due to the restriction of movement, and

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<sup>14</sup> <https://www.nsmsa.org.za/2020/03/26/hello-world/>

<sup>15</sup> Supra note 3.

the limited availability of transport to access the courts. A large limitation to access is that most victims of DV live in the same home as their abuser who, if not an essential worker, would not leave the house, limiting opportunity to make a way to the court to apply.

Civil society organisations, like MOSAIC, used social media, print, television and radio to raise awareness about the continuance of the service, but there was a noted decrease in the number of applications during level 5 of lockdown.

At the announcement of level 4 and with it a slight easing of the restriction of movement, an increase in the number of protection order applications was noted. It was at this time that many CSOs returned to the courts in the capacity of court support, this also provided applicants with psycho social support.

During the current level 3a restrictions, protection orders are still available and interim orders are being granted. There have been isolated instances of some courts informing applicants that as a result of COVID-19 no new applications are being taken. These matters are being handled by the Department of Justice and Correction Services as they are reported.

**What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?**

Tied in with the ability to obtain protection orders, courts have been open and providing services in relation to domestic violence and GBV as issued by directives on 26 March 2020.<sup>16</sup>

Applications for Domestic Violence Protection Orders and Harassment Protection Orders have been available in all magistrate's courts in South Africa. During levels 5 and 4 of the national lockdown, no finalisation of protection orders were being granted, but new applications were available and interim protection orders could be granted.

Women's access to justice was impacted by the restriction of movement and the very nature of a hard lockdown. Restricted court hours and instances of certain courts turning people

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<sup>16</sup> [https://www.gov.za/sites/default/files/gcis\\_document/202003/43167reg11066418.pdf](https://www.gov.za/sites/default/files/gcis_document/202003/43167reg11066418.pdf)



away, who were seeking assistance with protection orders during lockdown further negatively impacted women's access to justice. A recent report indicates that a woman in Cape Town was not assisted by the court when seeking a protection order, despite two previous incidents of domestic violence against her<sup>17</sup>. The media report further details several other incidents laying out the failure of the police and courts in providing protection and relief from various forms of GBV.

There have also been a few instances wherein survivors have called the police to attend to domestic violence incidents and the police did not show up. Some organisations such as Rise Up Against GBV have been evacuating GBV survivors in instances where the police have either not responded or refused to assist survivors to get to places of safety.

The need for court buildings to close for sanitising/cleaning for each new positive COVID-19 case linked to the court, restricts access to justice for protection orders, often leaving applicants in a state of limbo for 2-3 days at a time.

**What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.**

During the levels 5 and 4 of the COVID-19 lockdown, the majority of the primary health care (PHC) facilities, such as clinics, were closed to the public. This directly restricted access to basic health care services for those women reliant on these facilities for medication, treatment, family planning and other reproductive health services.

Despite the issuing of Directions by the Minister of Health in line with National Regulations made under the Disaster Management Act there appears to be a lack of clarity relating to the description of essential health services which ought to be provided during the lockdown period, in particular, services relating to sexual and reproductive healthcare.

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<sup>17</sup> <https://www.groundup.org.za/article/women-danger-let-down-courts/>

Since the lockdown was initiated, organisations that are part of the Sexual and Reproductive Justice Coalition have received various complaints relating to the lack of availability and accessibility of fertility planning services, including access to safe abortion services and access to contraceptive services. There are ongoing reports of women who are denied access to contraceptives and safe abortion services at public health facilities. According to the Stop Stockouts Project, 52 contraceptive shortages have been reported at public health facilities, with the provinces most impacted being the North West, Gauteng, Eastern Cape and the Free State.<sup>18</sup>

There have also been reports of difficulty in accessing chronic medication, ARVs and TB treatment. During level 5, the limited hours of public transport and fear of contracting COVID-19 also contributed to these difficulties.<sup>19</sup>

**Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.**

As alluded to above, some challenges identified in the initial lockdown period have included inability to reach the GBVCC, availability of spaces in shelters, exclusionary policies to government relief schemes for certain vulnerable groups such as migrants and refugees as the food packages offered by the government require one to provide identification in order to collect as well as lack of information in relation how to access GBV related services during the lockdown period particularly under alert level 5.

There have been many instances where women have reported a lack of response of the South African Police Service (SAPS) to instances of DV, citing COVID-19 as a reason for their lack of response. The reduced capacity within SAPS stations, rotational shift work to reduce impact of COVID-19 exposure at a station level, has severely impacted on the availability of SAPS personnel and resources, e.g. vehicles, to respond to DV complaints.

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<sup>18</sup> Letter addressed to the Minister of Health, Dr Mkhize, from the SJRC dated 17 April and 9 June 2020 respectively.

<sup>19</sup> <http://www.hsrc.ac.za/en/news/general/SRHR-covid-19>

In addition to the capacity constraints and overwhelming number of calls reaching the GBVCC, women from migrant communities reached out to civil society organisations for assistance as language barriers excluded them from accessing the GBVCC.

Whilst the Department of Home Affairs through engagements with CSOs and CBOs confirmed that no negative actions would be incurred against asylum seekers, refugees and migrants that became undocumented from 15 March 2020, there was no formal directive issued until 10 June 2020 which extended the period of immunity for non-renewal of documentation until 31 July 2020. This information was also not widely published. This ultimately led to many migrant women failing to seek domestic violence services as they were afraid of being arrested and other punitive measures taken against them by the police or immigration. Partner organisations also reported challenges of accessing shelters for migrants particularly when they were undocumented.

In line with food security and economic instability and the links to increased GBV, South Africa's asylum-seekers and special-permit holders were excluded from applying for the COVID-19 Social Relief of Distress grant, which is only applicable between the periods May to October 2020. The applications are not retrospective and therefore grant payments cannot be backdated. The Scalabrini Centre of Cape Town took the matter on an urgent basis and successfully obtained a court order directing the Department of Social Development to amend this policy.<sup>20</sup>

**Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.**

As mentioned earlier the government established the GBVCC which operates under The Department of Social Development. The Centre operates a National, 24hr/7days-a-week Call

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<sup>20</sup> <https://scalabrini.org.za/news/victory-in-covid19-social-relief-grant-court-case>

Centre facility where victims of GBV can call and request for assistance. Social workers are responsible for taking the calls and making referrals. In addition Thuthuzela care centres (one-stop services for sexual offence victims at state hospitals) have also remained open to assist victims.

**Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.**

In consideration of social distancing and lockdown measures, NGOs have taken a number of measures to prevent and combat violence against women and domestic violence.

**Sonke Gender Justice** has produced a media campaign titled “Stay home, Speak Out” which was circulated widely on social media platforms with a reach of 8.3 million. The campaign highlighted that for most, staying home under the nation’s restrictions in light of the Coronavirus pandemic meant staying safe, but for others it’s proved anything but with domestic violence around the world increases exponentially during lockdown restrictions. The objective of the #Speakout campaign, therefore was not only to shine the spotlight on these violent crimes, but to also implore the community as neighbours to play our part in fighting domestic violence by keeping a neighbourhood watch out for domestic violence. A main 30 second video was produced for the #SPEAKOUT campaign, with auxiliary digital material focusing on information on obtaining a protection order, access to shelters, and accessing legal institutions. The material was in short clip and Jpeg format and shared on all Sonke social platforms. This material was also translated to various languages to increase reach.

Two radio dramas were shared with community based organisation and community radio stations in three provinces which are KwaZulu Natal, Gauteng and Mpumalanga by Sonke Gender Justice. The radio drama session were delivered in partnership with different stakeholders such as National Prosecuting Authority, the South African Police Services, local taxi associations and others. These stakeholders were interviewed as panelists by the community radio stations. Community organisations developed whatsapp groups for

the community members to engage about issues raised during each episode. They had women , men and youth groups.

The **Safe Ride** drama 5-episode series of short radio dramas was produced to encourage conversation and debate around sexual and gender-based violence (SGBV) in the taxi industry, raise awareness of women’s rights, inform people about where to access services, and also prompt dialogue on how we can all be part of solutions and responses to make public transport safer for everyone.

The **Thuthuzela**” drama is a 13 episode crime/thriller story that encourages support for survivors of sexual assault and promotes access to Thuthuzela Care Centres (TCC`s) and similar services.

Engagements with community action teams through whatsapp groups ensured that Sonke was able to support and keep abreast of developments regarding what was transpiring in partner communities during the lockdown. Reports indicated that some communities experienced a lot of presence of police and the army which made them uncomfortable. The Thuthuzela Care Centres as another stakeholder that provided reports on GBV cases. Most of the cases that were reported during the lockdown were related to children’s cases.

**MOSAIC** has continued to provide **direct services** to those affected by Domestic Violence during the COVID-19 lockdown. During level 5 of the lockdown, MOSAIC moved all services to telephonic and through social media for new and existing counselling and information requests. In-person counselling and court support services resumed on the 4th of May 2020.

In addition to the telephonic counselling services, MOSAIC instituted a **follow up service** - this involved follow up phone calls with all DV protection order applicants assisted by MOSAIC in 10 magistrates courts in the Western Cape Province. This follow up service was instituted as a safety check-in, to assess whether the client required MOSAIC to assist in co-developing a safety plan for the lockdown period and/or referral to additional services. Although this arose

out of a need identified at the first announcement of a “hard lockdown”, it is now a standing service that MOSAIC has incorporated into its continuum of care.

MOSAIC has partnered with the Western Cape provincial Department of Social Development and SAPS to assign MOSAIC Social Workers to SAPS Stations as an additional resource to the Domestic Violence coordinators and VEP volunteers. This project is being piloted in 10 SAPS Stations. The MOSAIC social worker is able to assist with a client assessment and linkage to services in cases of domestic violence.

In response to the rise in cases of women and girls who have been raped being turned away from SAPS stations, especially at night, with instruction to return the next day, MOSAIC has launched a WhatsApp information line. The helpline has been set up as an interactive platform for anyone looking for information about sexual violence, the process to follow, and rights education. It is a 24-hour line, with service available in English and isiXhosa. The service is currently being piloted in Khayelitsha linked to the Khayelitsha Thuthuzela Care Centre - 067 425 3830.

Other organisations such as Rape Crisis made available online and additional telephonic reporting and counselling services<sup>21</sup> which enabled women and girls who were not able to leave their homes to seek help to still be able to get some assistance.

In order to build on and minimize existing data gaps the **Foundation for Human Rights** embarked on conducting a survey targeted at community advice offices looking into the impact of COVID-19 on various communities including lockdown experiences. FHR recognizes that in order to understand how gender issues affect women, girls, individuals and society, it is critical and essential to leverage on community and citizen generated data so as to identify problems, document experiences and guide implementation in the direction we want the progress to be.

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<sup>21</sup> <https://issafrica.org/iss-today/gender-based-violence-during-lockdown-looking-for-answers>

The Foundation for Human Rights has also undertaken to partner with communities to fight against GBV by rolling out a national project promoting community agency and ownership. The project called Masibambisane, builds on other existing models that take a zero-tolerance approach to addressing GBV in various communities. Through this project, community members are urged to form GBV community structures or forums, which will lead initiatives in the community aimed at heightening awareness on GBV. In addition, these structures will enhance the knowledge base of community structures to be able to not only act as first responders to GBV incidents but to engage in preventative strategies as a way to effectively address gender based violence in their own community.

The FHR is also part of an emerging civil society collective, the C19 Peoples Coalition that is coordinating the national CSO response to COVID-19. As FHR our interest and actions have included:

- I. Providing analysis of the crisis, from critical gendered and human rights perspectives, aiming to ensure that we take into account both the vast inequalities in the impacts of this crisis and centre feminist solutions and care in building a just recovery;
- II. Sharing information, tracking and building out collective action;
- III. Supporting specific campaigns and collectively mapping collectively the challenges we will address together,
- IV. Ensuring that the collective is guided by key principles: the promotion, protection and fulfilment of human rights and gender equality.

## **Conclusion**

Despite measures to address incidences of GBV during the pandemic, this submission has identified glaring omissions which will need to be resolved to ensure effective measures are in place.

The COVID-19 pandemic has created an environment in which we have seen the South African government's ability to respond with reliable and timeous data and we reiterate the need for this disaggregated data such as to understand the impact of COVID-19 on violence against women and girls and inform the responses overall. This is a unique opportunity for the government to find and develop long-lasting interventions that will endure past the pandemic.

It is clear that the current system for GBV services, whether it be shelters, access to justice or other related needs, is fragmented and inconsistent and often difficult to navigate for survivors of GBV and this needs to be overhauled.