

**A STUDY ON THE INTERSECTIONALITY OF COVID-19, GBV AND MENTAL
HEALTH ON WOMEN IN BULAWAYO URBAN, INSIZA AND UMZINGWANE
DISTRICTS**

REPORT (REVISED DRAFT)

Submitted To

EMTHONJENI WOMEN'S FORUM (EWF)

By

Women's University in Africa
Gender and Transformative Sciences Department Research Team
Ngonidashe Mutanana
Hellen Venganai
Abigail Benhura
Tinos Mabeza

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Contact Person:

Dr. Ngonidashe Mutanana
Women's University in Africa
549 Arcturus Road, Manresa, Harare, Zimbabwe
Mobile Number: 0712562728
Email: ngonidzashemttn31@gmail.com

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Acronyms

| | |
|---------|---|
| EWF | Emthonjeni Women's Forum |
| GBV | Gender Based Violence |
| IGATE 1 | Improving Girls Access through Transforming Education |
| IGATE 2 | Improving Gender Attitudes, Transition and Education outcomes |
| ISALS | Internal Savings and Lending Schemes |
| JSC | Judiciary Service Commission |
| NGOs | Non-Governmental Organisations |
| WHO | World Health Organisation |
| VFU | Victim Friendly Unit |
| ZLHR | Zimbabwe Lawyers for Human Rights |
| ZUPCO | Zimbabwe United Passenger Company |
| ZACH | Zimbabwe Association of Church-Related Hospitals |

EXECUTIVE SUMMARY

This report summarizes the key findings of the research on the intersectionality of COVID-19, GBV and Mental Health of women in Bulawayo urban, Insiza and Umzingwane districts. The study was carried out in May 2022. The aim of the study was to establish the nature of vulnerability to GBV and mental health issues among women during the COVID-19 pandemic. Findings in this study will help stakeholders involved in GBV interventions to tailor their GBV responses support services in crisis situations.

Data was collected through qualitative methods namely Focus Groups Discussions (FGDs), in-depth interviews with GBV survivors, and key informant interviews with representatives from various organisations and government departments involved in GBV responses. The study revealed various forms of GBV affecting women which were more prevalent during the COVID-19 pandemic. In addition, the study also illuminated the intersectional vulnerabilities and risks to GBV and several mental health issues among women. Often both the prevalence and intensity of vulnerability and risk are associated with gender and socio-economic status of the household and community. Between these three districts, women from Insiza and uMzingwane (the two rural districts) appear to be the most vulnerable to GBV related mental health issues due to limited access to health care facilities which are usually far. The influence of economic factors and community attitudes and norms was also evident in how GBV survivors opted not to report their perpetrators.

Findings also reveal several COVID-19 related barriers that hinder women from accessing GBV interventions. The lack of psychosocial support for mental health needs of women GBV survivors was one of the key findings. As such, the report recommends that stakeholders responsible for addressing GBV issues should enhance their service delivery systems and programming in order to address mental health issues affecting GBV survivors especially women.

1. Introduction and Background

In April 2022, EWF contracted a research team from the Department of Gender Transformative Sciences at Women's University in Africa¹ to conduct a research on 'Intersectionality of COVID-19, GBV and Mental Health of women in Bulawayo urban, Insiza and Umzingwane districts.' EWF recognised the likely interaction between current experiences of GBV and mental health issues during the COVID-19 pandemic. An understanding of this relationship would help EWF and other stakeholders to tailor their GBV responses support services in crisis situations. The strategic goal for EWF for 2022-2024 is to promote gender transformation and economic justice for women towards a GBV free society.²

This report provides the approach that was adopted to interrogate issues of 'GBV and mental health issues among women' during the COVID-19 pandemic. It includes a brief literature review to describe the context surrounding COVID-19, GBV and mental health among women; conceptual framework which guided the study; the research objectives and questions; the research methodology detailing the sampling and data collection procedures used. The key findings are also outlined before the presentation of recommendations.

The issue of GBV has gained greater urgency in the context of the COVID-19 pandemic. It is well understood in literature that a crisis such as the COVID-19 will not only reflect, but exacerbate some pre-existing inequalities between men and women. During this COVID-19 pandemic, a majority of women in Zimbabwe are likely to have assumed increased caregiving responsibilities. These additional burdens may not only have affected their opportunities of being engaged in productive work, but it may also have increased their potential exposure towards the virus and strain of their mental health. In some societies, social norms may dictate that females are the last ones to receive medication when they are ill.³ The impact of COVID-19 disproportionately affects the health sector workforce which is predominantly women in many countries.⁴ This increases COVID-19 risk of infection for women, which eventually affects their mental health⁵ as a result of increased depression and anxiety.⁶

¹ This team includes Dr Hellen Venganai, Dr Ngonidzashé Mutanana, Dr Abigail R Benhura and Mr Tinos Mabeza. They are all qualified researchers with expertise in conducting GBV research.

² Emthonjeni Women's Forum 2022-2024 Strategic Plan

³ Care International, Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings (London, 2020, p. 3). Available at: https://insights.careinternational.org.uk/media/k2/attachments/CARE_Gender-implications-of-COVID-19_Full-Report_March-2020.pdf

⁴ Care International, Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings (London, 2020). Available at: https://insights.careinternational.org.uk/media/k2/attachments/CARE_Gender-implications-of-COVID-19_Full-Report_March-2020.pdf

⁵ McLean, S.A and McIntosh, J.E (2021). The mental and physical health of family mental health practitioners during COVID-19: relationships with family violence and workplace practices. *Aust J Psychol.* 2021: 1-10.

⁶ Hu, J., Sun, L., Zhang, L., Wang, H., Fan, A., Yang, B., Li, W and Xiao, S (2020). Prevalence and influencing factors of anxiety and depression symptoms in the first-line medical staff fighting against COVID-19 in Gansu. *Front Psychiatry*; **11**: 386.

COVID-19 pandemic does not only put women at a high risk of infection, but also exposes them to abuse, violence and exploitation.⁷ Existing research indicates that violence against women was highly prevalent during the lockdown. For instance, global statistics reflect that 1 in every 3 women experienced some form of sexual violence by an intimate partner or a physical violence by a perpetrator.⁸ GBV was exacerbated by economic stress, health shocks and in some cases prolonged periods in isolation due to the pandemic restrictions.⁹ ¹⁰ These alarming rates of violence against women led to calls against governments to come up with measures that mitigate and prevent GBV risks. Governments were also called upon to ensure support services for survivors in any COVID-19 related preparedness, response and recovery plans.¹¹

There appears to be a relationship between COVID-19 stressors, GBV and mental health problems or mental health risk behaviours. However, there is limited literature exploring the intersection of GBV and mental health during the COVID-19 pandemic. GBV and mental health are regarded as multifaceted and complex concepts.¹² Studies in some western countries have reflected that COVID-19 leads to mental health issues. COVID-19 stressors such as financial insecurity, social disconnection and health anxiety were positively associated with GBV.¹³ In some studies, it was noted that these mental health issues can mediate between COVID-19 stressors and GBV. GBV against women is linked to many poor health outcomes such long-term mental disorders which include anxiety, depression, and Post Traumatic Stress Disorder.¹⁴ ¹⁵ Mental health problems affecting women maybe in the form

⁷ Care International, Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings (London, 2020). Available at: https://insights.careinternational.org.uk/media/k2/attachments/CARE_Gender-implications-of-COVID-19_Full-Report_March-2020.pdf

⁸ <https://womensmediacenter.com/news-features/what-does-coronavirus-mean-for-violence-against-women>

⁹ Fraser, E, VAWG Helpdesk Research Report No. 284. Impact of COVID-19 Pandemic on Violence against Women and Girls (London, UK Aid, 2020). Available at: <https://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-COVID-19-and-vawg.pdf>

¹⁰ UN Women, Issue Brief: COVID-19 and Ending Violence against Women and Girls (New York, 2020). Available at: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-COVID-19-and-ending-violence-against-women-and-girls-en.pdf?La=envy=5006>

¹¹ UN Women, UNDP, World Health Organization, IOM, UN OHCHR, UNODC, OCHA, UNFPA & UNICEF 2020, Inter-Agency Statement on Violence against Women and Girls in the Context of COVID-19 (New York, 2020). Available at: https://www.undp.org/content/dam/undp/library/people/gender/Inter-Agency%20Statement%20on%20VAW%20and%20COVID_Final.pdf

¹² Su, Z., McDonnell, D., Roth, S., Li, Q., Sméagol, S., Shi, F and Wagers, S. (2021). Mental health solutions for domestic violence victims amid COVID-19: a review of the literature. *Global Health*; **17** (1): 1-11.

¹³ Gresham, A.M., Peters, B.J., Karana's, G., Cameron, L.D and Simpson, J.A (2021). Examining associations between COVID-19 stressors, intimate partner violence, health, and health behaviors. *J Soc Pers Relat.* 2021; **11**

¹⁴ Jewkes, R., Jama-Shai N and Sikweyiya Y. (2017). Enduring impact of conflict on mental health and gender-based violence perpetration in Bougainville, Papua New Guinea: a cross-sectional study. *PLoS One*; **12**: e0186062

¹⁵ Rees S, Silove D, Chey T (2011). Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function. *JAMA*; **306**:513–21

of discrimination, unwanted pregnancies, sexually transmitted diseases, ostracism and stigmatization within a family or the community.^{16 17}

The uncertainty that results from the pandemic can play a major role in triggering mechanisms of aggression and mental health issues that are experienced by perpetrators because of the lockdown that may mediate in this relationship. The consequences may include depression, high-risk sexual behavior and substance abuse.¹⁸ In some studies, it has been reflected that anxiety and depression can mediate in the relationship between intolerance of uncertainty and physical or psychological abuse regardless of gender.¹⁹ It has also been established that psychological aggression, intolerance of uncertainty and anxiety is significantly higher among women.

Literature demonstrates that when modifying GBV programs in the COVID-19 context, the GBV community must ensure that pre-existing structural inequalities that are intersecting various forms of discrimination are considered.²⁰ According to the United Nations, this shift towards remote and adapted GBV programming can improve access for women and working in solidarity with women-led organisations and GBV practitioners can help in promoting a more resilient, an equal and an inclusive community during this COVID-19 pandemic era.²¹ However, there is scarcity of research in Zimbabwe on the spectrum of GBV related mental health issues experienced by women during the COVID-19 to inform GBV interventions. This study was therefore partly aimed at identifying ways of enhancing current interventions in preventing and responding to gender-based violence as well as facilitating the behavioural change of both the survivors and perpetrators of domestic violence.²² This innovative approach ensures support for GBV survivors and abuse while at the same time rehabilitating the offenders, a combination that over time should lead to a truly GBV free society.²³

¹⁶ Kelly J.T., Betancourt T.S and Mukwege, D (2011). Experiences of female survivors of sexual violence in eastern Democratic Republic of the Congo: a mixed-methods study. *Confl Health*; **5**.

¹⁷ Kinyanda, E., Musisi, S and Biryabarema C (2010). War related sexual violence and its medical and psychological consequences as seen in Kitgum, Northern Uganda: a cross-sectional study. *BMC Int Health Hum Rights*; **10:28**.

¹⁸ Delara M. (2016). Mental health consequences and risk factors of physical intimate partner violence. *Men Health Fam Med*; **12 (1)**: 119-25.

¹⁹ Glowacz, F., Schgmits, E and Dziewa, A. (2021) Intimate Partner Violence and Mental Health Within the Community During Lockdown of COVID-19 Pandemic. *Researchsquare* [preprint].

²⁰ Michelle Lokot & Yeva Avakyan, "Intersectionality as a lens to the COVID-19 pandemic: implications for sexual and reproductive health in development and humanitarian contexts", *Sexual and Reproductive Health Matters*, vol. 28, no. 1 (June 2020). Available at: <https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1764748>

²¹ United Nations Department of Economic and Social Affairs, Policy Brief No. 69. *Leaving No One Behind: The COVID-19 Crisis Through the Disability and Gender Lens*, May 2020 (Geneva, 2020). Available at: <https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-69-leaving-no-one-behind-the-COVID-19-crisis-through-the-disability-and-gender-lens/>

²² Emthonjeni Women's Forum 2022-2024 Strategic Plan

²³ *ibid*

2. Purpose, objectives and research questions

The major aim of this assignment was to carry out a research on the intersectionality of COVID-19, GBV and mental health on women in Matabeleland Region, specifically Bulawayo urban, Insiza Umzingwane districts.

The following were the specific objectives of the research:

- a) To identify various forms of GBV experienced by women in Bulawayo Urban, Insiza and Umzingwane districts during the COVID-19 pandemic.
- b) To examine the effects of COVID-19 related GBV on women's mental health in Bulawayo Urban, Insiza and Umzingwane districts.
- c) To explore how women are coping with GBV and associated mental health issues during the COVID-19 period.
- d) To establish the interventions by various stakeholders in addressing women's health issues which result from GBV during the COVID-19 pandemic.
- e) To proffer recommendations on how GBV responses can be strengthened to effectively address GBV and related mental health issues affecting women during COVID-19 and other pandemics.

The research sought to answer the following broad questions:

- a) What are the various forms of GBV experienced by women in Bulawayo urban, Insiza and Umzingwane districts during COVID-19 pandemic?
- b) What are the effects of COVID-19 related GBV on women's mental health in selected districts?
- c) How do different women cope with GBV and associated mental health issues during the COVID-19 period?
- d) How have various stakeholders responded to women's health issues which result from GBV during the COVID-19 pandemic?
- e) In what ways can GBV responses be strengthened to effectively address GBV and related mental health issues affecting women during COVID-19 and other pandemics?

3. Conceptual Framework

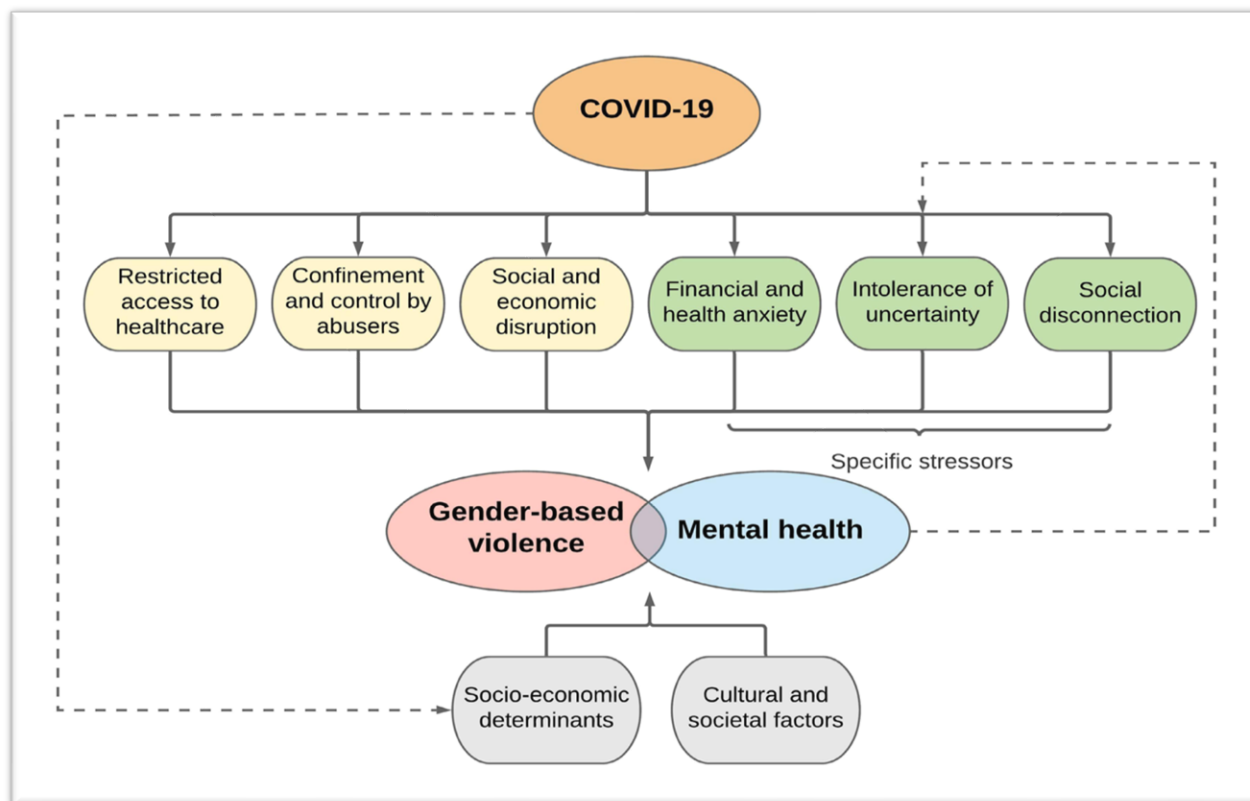


Figure 1: An Intersection of COVID-19, GBV and Mental Health²⁴

The Intersectionality framework was central to this study. At the Centre of the intersectionality framework was how people positioned at the intersection of disadvantage or marginalisation (for instance women), experience inequalities that are constitutive of multiple social categories and factors which do not operate in isolation.²⁵ In the context of the study, the framework (Fig 1) considered the intersection between **COVID-19 experiences** (e.g. restricted access to healthcare, confinement and control by abusers, social and economic disruption, financial and health insecurity, social disconnection etc.), **gender-based violence** (e.g. physical abuse, sexual abuse, economic abuse etc.) and **mental health related issues** (e.g. anxiety, depression, and Post Traumatic Stress Disorder, unwanted pregnancies, sexually transmitted diseases, ostracism, stigmatization etc.). The impact of these intersecting factors could for example have varying effects on women, depending on whether they are in rural or urban contexts, married, young, employed, etc. The intersectionality model underscores the need for a nuanced analysis of the complex issues involved, with the desire for clear

²⁴ Opanasenko, A., Lugova, H., Mon, A.A. and Ivanko, O., 2021. Mental Health Impact of Gender-Based Violence Amid COVID-19 Pandemic: A Review. *Bangladesh Journal of Medical Science*, pp.22.

²⁵ Lumby, J. (2011) 'Methodological Issues and Intersectionality in Gender Studies', Gender Equality in Education: Looking Beyond Parity, paper presented at the IIEP Evidence-based Policy Forum (3-4 October).

and practically oriented deliverables, including a research report and programmatic recommendations. As such, the model can support the design of effective interventions that can act at multiple levels to effect change.

4. Methodology

A qualitative research design was used for this study in order to gather data which was in-depth, meaningful and explanatory. Qualitative data was useful for exploring subjective and contextual issues. It was necessary for highlighting the voices of women, and exploring their personal perspectives. Qualitative methods were more appropriate and effective (than quantitative methods) for exploring the views of women in particularly vulnerable situations, such as survivors of GBV, in a safe and participatory manner. Qualitative research was also more appropriate for interrogating the intersectionality of various contextual issues; in this case, the intersections of COVID-19, GBV and mental health.

4.1 Sampling

Data collection took place in three districts namely; Bulawayo Urban, Insiza and Umzingwane. The research team sampled participants from within these provinces according to ‘maximum variation sampling’, with the aim of achieving diversity across a range of different variables including wealth, livelihoods, ‘rurality’, education, ethnicity, and age. Purposive sampling was used as the main sampling strategy because it reduced the possibility of interviewing someone who is not knowledgeable on the subject matter. Case studies of women who have survived GBV in the COVID-19 period were selected from within these communities, and these were identified through snowball sampling. The actual sample size was 73 participants from Focus Group Discussions, KIIs and GBV survivor in-depth interviews. Of the participants, 50 were female, while 18 were male .

| District | Sample size | Female | Male |
|-------------------|-------------|--------|------|
| Bulawayo | | | |
| GBV Survivors | 2 | 2 | 0 |
| KIIs | 3 | 2 | 1 |
| FGD 1 Ward 17 | 6 | 3 | 3 |
| FGD 2 Ward 7 | 6 | 6 | 0 |
| FGD 3 Ward 21 | 5 | 5 | 0 |
| UMzingwane | | | |
| GBV Survivors | 1 | 1 | 0 |
| KIIs | 1 | 0 | 1 |
| FGD 1 Ward 5 | 11 | 7 | 4 |
| FGD 2 Ward 14 | 7 | 5 | 2 |
| FGD 3 Ward 4 | 8 | 3 | 5 |

| Insiza | | | |
|---------------|-----------|-----------|-----------|
| GBV Survivors | 1 | 1 | 0 |
| KIIs | 2 | 1 | 1 |
| FGD 1 Ward 14 | 6 | 5 | 1 |
| FGD 2 Ward 18 | 7 | 6 | 1 |
| FGD 3 Ward 16 | 7 | 6 | 1 |
| Total | 73 | 53 | 20 |

Figure 4.1: Sample of Research participants in the study

4.2 Data Collection

Data collection was carried out by the core consultants. Throughout the data collection phase, there was continuous interaction and discussion with EWF to ensure that the exercise was done according to the expectations and objectives of the study. In order to ensure collection of good quality data, there was sampling of all representative areas and stakeholders. Furthermore, triangulation was done by asking the same questions to different categories of stakeholders. In addition different tools were used to capture the same information in the project area. The draft tools were also translated to Ndebele. As will be elaborated below, data was collected through focus group discussions (FGDs), key informant interviews (KIIs), and in-depth interviews with GBV survivors. All FGDs and in-depth interviews with GBV survivors were conducted face-to-face, but the KIIs were conducted virtually (telephone interviews) as all key informants were either busy or away from their duty stations.

4.2.1 Key Informant Interviews

Semi-structured key informant interviews (KIIs) were conducted with selected stakeholders in each of the research areas. The purpose of conducting KIIs was to gather expert insight and information about the broader context of COVID-19, GBV, and mental health issues in each of the research site. In total, six (6) key informant interviews were done with representatives from the Police and VFU, Ministry of Women Affairs, Zimbabwe Lawyers for Human Rights (ZLHR), community leadership, and health care service providers.

4.2.2 Focus Group Discussions

Additionally, we conducted FGDs with women and men in the three districts. FGDs provided a useful method for exploring prevailing ideas concerning GBV and mental health in the COVID-19 context, as they provided participants with the opportunity to respond to each other's' ideas and opinions, and the potential to stimulate discussion and debate. Given the sensitivity of the topic, the FGDs conducted focused on exploring relevant issues in a general, hypothetical or scenario based format, so that participants did not feel the need to reveal personal experiences in order to share their ideas. For easier moderating, FGDs were conducted with groups of 5-11 people. Whilst the priority was for

FGDs with women only, researchers also conducted some FGDs which included men. For the three districts, researchers managed to conduct a total of 9 FGDs (2 with women only and 7 with both men and women).

4.2.3 GBV Survivors In-depth Interviews

In order to understand lived experiences related to COVID-19, GBV and mental health, the researchers solicited for embodied accounts from GBV survivors in confidential settings. Interviews were conducted in a participatory manner, guided by the participants' responses within the broader frame of the research questions. The interviews included a mix of life history questions and questions that focused on knowledge, experience, and behaviours relating to COVID-19, GBV, and Mental Health. This allowed the researchers to link demographic data (e.g. gender, age, ethnicity, socio-economic status etc.) and data on participants' situational circumstances (level of education, livelihood, shelter etc.), to particular perspectives and behaviours relating to the research questions. While we anticipated to conduct at least 15 in-depth interviews with women who have survived GBV in the selected districts, most survivors were not forthcoming for interviews. In the end, we managed to interview 4 GBV survivors.

4.3 Data Analysis

Qualitative data from the GBV survivors, FGD participants, and key informants were analysed using the thematic approach which involved systematic review and coding of all data, identifying key themes, patterns, relationships and explanations relevant to the research questions. The analysis situated the data findings in their broader geographical and cultural contexts, and within gender and intersectionality perspectives.

4.4 Ethical Considerations

The research team developed a tailored ethical guideline for conducting the research which took into consideration the particular risks associated with the research. The ethics guidelines included measures guided by the principles of 'do no harm', voluntary participation, informed consent, anonymity and addressing participants' risks and concerns. The conduct of the research team in the field was also guided by EWF's Safeguarding of Programme Participants Policy guidelines and Safeguarding Behaviour Protocols which emphasise various principles including; confidentiality, informed consent, dignity and respect, equality and diversity, privacy, safety, and support. The research team sought informed consent from participants. In addition, the research team also ensured that the research was conducted in ways that upheld COVID-19 protocols by the Ministry of Health and Child Care as well as the World Health Organisation (WHO).

5. Research Findings

The study produced various themes and these included types and causes of gender-based violence, effects of GBV on women, mental health challenges associated with GBV and COVID-19, and interventions implemented during COVID-19 to address GBV and related mental health issues.

5.1 Types and causes of Gender based Violence

Several participants from the selected wards in Bulawayo, uMzingwane and Insiza districts of Matabeleland South province identified various forms of gender based violence prevalent in their communities prior to the COVID-19 period. In the majority of cases, participants stated that the same GBV forms occurred during COVID-19 but with magnified gravity and increased frequency. Most of the identified GBV cases intersected around physical, emotional and sexual violence. Also common were verbal abuse and economic abuse which one female participant described as *'ukuncitshwa imali'* (not given money to use in the home). The KII with the VFU official also revealed indecent assault as a common GBV which occurs in public spaces. According to the VFU officer in Bulawayo, *'abantu bayathanda ukudlala kubi'* (people don't know decent ways of playing). In one of the cases, a vendor actually reported a fellow vendor for patting her behind during an argument over work spaces.

A Bulawayo FGD participant in ward 7 argued that GBV experiences always occurred in multiple forms. She said that by the end of any given day, one would have run through a gamut of abuses from verbal to sexual abuse. However, a FGD in ward 21, Bulawayo blamed religion and traditional norms for some of the GBV cases in their communities. They said that traditionally, it was accepted that men should beat their wives because, 'women are like children therefore they should be beaten'. On the other hand, the misinterpretation of Bible scriptures about women being submissive to their husbands and beer hall talks encouraging men to beat wives was also reported to fuel GBV.

One of the GBV survivors from Bulawayo mentioned that when she was still married, the husband would use vulgar language (*amagama amabi*) to scold her as well as physical abuse. She said this started in 2020 as he previously had not been violent. *'U2020 engakafiki, waye edakwa kuphela'* (Before 2020, he was a simple drunkard). The COVID-19 related lockdowns appear to have aggravated these incidents. However, a key informant from Bulawayo pointed out that these days, the physical abuses are becoming less because men are afraid as women can now report to the police. On the contrary, the VFU Officer in Bulawayo said she often wondered whether GBV cases were on the increase or just that more women were now reporting.

Responses to the question that sought to capture the age-groups that were at risk of GBV were varied, but most participants were of the opinion that the youths and older women were most affected. However some participants in Bulawayo (Ward 21) particularly disagreed with the contention that GBV mostly affects '*intanga encane*' (the young generation) arguing that young women are now too liberated to tolerate abuse. Conversely, another participant in uMzingwane said that younger women struggle with the concept of submission that is why they are likely to experience GBV from their partners. However, in Bayethe (another Ward in uMzingwane), participants provided a different explanation as to why younger women are the most affected. They indicated that young women who are at greater risk of GBV are mostly married to older men who may have some demands and expectations that these younger women cannot meet. This finding is consistent with another study in Palestine which reported that young uneducated women married to older men or married at a very early age experienced a higher risk of GBV during the COVID-19 pandemic²⁶.

FGD participants in Mpisini (uMzingwane, Ward 14) reported that the women who relate with younger gold panners are the most affected. The younger men were said to be the most violent especially towards their wives and mothers. According to a key informant from the Ministry of Women Affairs, young girls were more susceptible to GBV during COVID-19 as they were exposed to sexual abuse when they were sent to trade various wares among the gold panners.

5.1.1 Physical Abuse

Whereas other studies outside Zimbabwe reported that emotional violence was the most prevalent type of violence that women experienced during the COVID-19 pandemic, most FGD participants in our study highlighted that physical abuse was the most common form of GBV in their communities. The majority of participants in the Bulawayo FGDs pointed out that physical abuse increased particularly in the first lockdown when movement restrictions were strictly adhered to. In the confines of their homes, couples' weaknesses were more visible and violence erupted more often. Female participants in Bulawayo especially attributed most GBV cases to, '*imali ezingabonwayo, imali ezihlala emoyeni*' (electronic money transfers)²⁷, and instant 'porridge relationships'.²⁸ Related to this, participants cited cases when the woman earned more than the man. In such cases, '*isicathulo esikhala endlini ngesika mama*' (the woman rules). According to one woman in Pumula, '*lokhu kudala ingxushu ngxushu futhi*' (this causes violence). Participants from Esibomvu (uMzingwane, ward 4) also

²⁶ Mahamid, et al., (2022).

²⁷ According to women in the FGD, electronic money transfers contributed to conflict for married couples as wife felt that their husbands were failing to account for the money that they used through electronic transfers. This brings mistrust and leads to GBV.

²⁸ Referred to contemporary types of relationships which are quickly formed as opposed to the traditional ones where couples took longer to learn about each other during courtship.

said that if the man is not working, and has no secure income, he becomes very anxious and very unpredictable. The FGD participants pointed out that COVID-19 presented the ideal atmosphere for that. Other participants in the Bulawayo FGD also pointed to the lack of communication as a major cause for physical violence. One participant jokingly suggested that couples should stick the DOs and DON'Ts of marital life on their bedroom walls as a constant reminder to both parties to reduce fights.

Types of physical abuse cited ranged from harsh finger pointing to heavy fist blows on the partner. The beatings were generally executed by male partners on their spouses. One respondent described the situation as a war zone, where for many days, there would be fights in the home. A participant in Ward 17 (Bulawayo) said that during COVID-19 lockdown, an unemployed neighbour beat up his live-in girlfriend so hard that she (a police officer) would run out of the house naked. This was supported by FGD participants in Insiza and uMzingwane who said such abuse was driven by socio-economic issues like joblessness and poverty that characterise the COVID-19 period. Participants at Mpisini (uMzingwane, ward 14), added the abuse of alcohol as also contributing to physical violence. They said when husbands get money from gold panning, they don't give it to their wives, but they go for beer-drinking sprees, and spend the money there. This then opens room for quarrels at home, leading to physical violence.

THE FGD at Esibomvu narrated a tragedy that happened during the final days of the Zimbabwe Census 2022 in the Nsezi area. They pointed out that a local man used a machete to kill his wife during a domestic misunderstanding. The man ran for the machete after they failed to agree and bayoneted his wife several times. When he thought he had killed his wife, he went on to take rat poison and he died minutes later. Neighbours and the police found him already dead. Community members took the lifeless body of the woman to Mzinyathini clinic and through rapid response, she was taken to Bulawayo central hospital. She is now out of danger, but the participants said there is no way she is going to walk again:

Isigaba sethu silemali enengi kakhulu ngenxa ye golide. Abantu balwela imali labafazi. Bayalimazana esigabeni lasezindlini. Ngeviki ephelileyo omunye ubaba ugwaze umkake ngebhemba ngenxa yokungathembani wasecabanga ukuthi umkake usefile yikho ukuthathi poison ezibulala. Umkake ubuye wathwalwa wahanjiswa koBulawayo sizwa ukuthi usengcono kodwa asazi ukuthi uzaphila njani (our area has a lot of money due to gold deposits. People fight over women and cause a lot of injuries. This happens in the homes too. Last week a man stabbed his wife with a machete and proceeded to commit suicide when he thought his wife had died. The wife was ferried to Bulawayo where she is hospitalized. We are told that she is better but we are not sure if she will survive).

5.1.2 Sexual abuse

Another type of Gender based Violence noted was sexual abuse. All FGD participants pointed out that forced sex in the home or marital rape was rampant among married couples. A participant in ward 7 Bulawayo, posited that men used sex to occupy their idle hours during COVID-19 lockdowns as non-essential companies shut down. Another female participant pointed out that men would say *lobola* (bride price) payment was enough reason for them to ‘enjoy’ sex with their wives regardless of how the latter felt. Conversely, Bulawayo wards 17 and 7 female participants suggested that being denied sex in a marriage was a form of GBV. One ward 7 participant expressed the seriousness of this form of abuse by saying, “*ngabe iyathengiswa koOK bengiyathenga ngifake kubhasikithi*” (If male genital organs were sold at OK supermarket²⁹, I would buy one for myself).

The rural communities said rape has increased in their areas. Areas like Amazon in Insiza, Esibomvu and Bayethe in uMzingwane were said to have reported higher incidences of rape and this was ascribed to the reckless gold panning in their areas. A key informant in the Judiciary Service Commission (JSC) Gwanda provincial office indicated that in 2020 they recorded 90 rape cases, 119 cases in 2021, while in 2022 they had already recorded 67 cases. The key informant explained that what has contributed to more rape cases in their area was because men who migrated from other parts of the country during the COVID-19 period did not bring their spouses when they came for gold panning.

5.1.3 Emotional and Economic Abuse

A key informant from Bulawayo pointed out that the most prevalent type of GBV in the district is emotional (*ezomoya*). The participant said that men are easily angered such that if one speaks to them on general issues, they are quick to react angrily because ‘*uqalisa evele eqansile uMount Kilimanjaro*’ (he starts the conversation already ranting from the peak of Mount Kilimanjaro). Another participant from ward 18 of Insiza pointed out that ‘*ilanga lonke uyabe enjenge phimpi eyihlezilolaka ekhobola yonkinto ehlangana layo*’ (the whole day he is like a cobra, which strikes everything in its way).

The general consensus in all the wards was that deprivation of sex in the home was used by male partners as a punishment. The researchers probed on this because the traditional stance has been that it was the woman who denied the male partner sex. Two women participants from Bayethe in uMzingwane argued that men would be getting sex from elsewhere and when they return to their marital home they abuse their wives emotionally to cover their guilty from infidelity. This was echoed in FGDs conducted in Pumula Ward 17 and Makokoba ward 7. One of the women in the FGD at Amazon

²⁹ OK supermarket is one of the leading supermarkets in Zimbabwe

for example, narrated how she is living in torment from her husband's girlfriend (often referred to as 'small house') who frequently phones her and boasts of his love to her. She indicated that she was the one that brings in most of the money from informal trading, but her husband steals this money and spends it with other women. On the same vein, participants in Bulawayo confirmed that husbands did not give their wives any money to spend on food, clothes and the children. One Bulawayo FGD participant in ward 21 said, '*imali ihlala embilaphini*' (the money is closely kept). In the COVID-19 period, women could not even conduct informal trade which normally sustained them. This was particularly severe in the first lockdown which started on 27 March 2020 where movements were prohibited and non-essential services were not operational. During this period, a few women in the FGDs in Bulawayo (Ward 7 and 17) indicated that they were restricted from attending church or other women's activities. All this resulted in them experiencing emotional abuse.

5.1.4 Verbal Abuse

The participants in all three districts pointed out that verbal abuse was also very common in their respective areas. Female participants notably agreed that men tend to use '*inhlamba ezibuhlungu*' (vulgar words). One participant described this as 'tough words' while another said the words are 'harsh'. Many of the participants pointed out that unlike beatings, verbal abuse affected many more people at the same time and its effects are felt for longer periods. The group at Esibomvu pointed out that when men do not respect the value of fellow men, there is no way they would value women. They said verbal abuse directly led to physical abuse. They pointed out that the area has become a hotspot of various forms of violence. A man in the Bayethe FGD however seemingly blamed women when he remarked that "*Omama bayakhuluma kakhulu*" (Women talk too much). In his view, this caused further abuse in the home.

A GBV survivor who is 34 years old pointed out that she was abused by her husband who would come home angry and start verbally abusing the children:

I would tell him not to speak such words in the presence of the children. He got angry and claimed that the children were disrespectful to him (*bayangidelela*). He would ask the child '*Kungani ungikhangela kubi kangaka?*' (Why are you looking at me like that)? He would then refuse to eat food. This has happened for a year, throughout the COVID period". Before COVID19, he was alright, and when this happened I decided to buy goods for resale in the rural areas. He started accusing me of adultery and I asked him to confirm with my relatives where I would have been. So I would walk out when he started provoking me. He would threaten to stab me with a knife (*ngizakugwaza*). Eventually he did. 7 times. He was arrested for 1 month and then he was released on community service. He came back again creating new problems. He said his family

had chased him from home. I felt sorry for him and took him back. I thought *'butshwala uzatshintsha'* (it was just the effect of beer, he would change).

5.1.5 Child Marriage

This issue only emerged in the Insiza and uMzingwane FGDs where participants pointed out that early child marriage was still the norm in their areas. Even though they would not say out specific ages, they reported cases of a few primary school going children and many girls at secondary schools who have been forced to drop out from school for marriage. They also indicated that cases of child marriage escalated during the COVID-19 period. The participants claimed to have been at home due to COVID-19 lockdowns and witnessed child marriages happen before their eyes. The participants from uMzingwane pointed out that because of the lockdown situation, young girls would get pregnant and be sent off to get married to the men who would have impregnated them. One of the participants pointed out that because more men were at home due to job losses or were waiting to be called back, that created a situation where they interacted with young girls a lot leading to their pregnancy and subsequent marriage. Another participant also pointed out that younger girls are disadvantaged as they cannot go for gold panning to earn a living as the men do. As a result the girls always operate from a position of weakness since they also need the money. This then results in unequal relationships between men and the girls. The girls are also married off as a result of poverty. It was pointed out that families could be struggling as a result of various factors such as having a single parent, disability or the recurring droughts in the area, which rendered their households financially unstable. A key informant pointed out that normally it is the older men who marry young girls and in most cases, these are not reported because the older family members are usually promised cattle. This according to the participants leads to early marriages in the area too. They noted that while there have always been early marriages, they surged during the COVID-19 period.

5.2 Prevalence of GBV during COVID-19

'Kube worse' (it became worse) was the popular response to the question on whether GBV was on the increase during the COVID-19 pandemic. Most participants concurred that *'ukuvuka bendawonye'* (spending the day together) worsened tensions at home leading to violence. According to participants, beerhalls were also closed which normally acted as a reprieve for men. Men also learnt of certain negative behavioural patterns practiced by their wives which usually evaded them when they were at work. The participants had varying experiences during the COVID-19 period. In ward 14 of uMzingwane district, the participants pointed out that during COVID-19, GBV markedly increased as families were largely stuck at home. A KII participant in the district said the GBV cases increased by 8%. One female participant said that GBV was bound to happen, because as the man spend more

time at home during the COVID-19 lockdowns, this meant that he would witness many of his wife's faults and weaknesses which he would not normally see when he spent time at work. The FGD participants in ward 7 (Bulawayo) pointed out that women spent hours gossiping with neighbours while household chores were left unattended. Some only prepared breakfast around midday. The ward 7 participants added that the worst were those who spend half the day in night dresses and stockings covering their heads.

At Esibomvu, we were told that GBV increased during COVID-19 as the lockdowns imposed meant infringing the rights of the people such as freedom of movement. One participant said that *'umunt onsundu uvele kahlali pansi. Singamagweja thina, ukusihlalisa pansi yikusibulala'* (The African does not have time to sit down. We are hustlers by nature, telling us to stay in one place and not work is to kill us). Another participant said "Universal rights were suspended during the time we had 'no free movements', meaning men would spend more time at home and increase chances of quarrels". One woman responded said her husband spent more time at home and they both found it very queer. She said the first few days were bearable, but as time went on, a day became a very long time. It became very easy for them to pick quarrels:

Umkami usebuye wacitha isikhathi eside esegumeni, ngelinye ilanga wacela ukusebenzisa ifoni yami. Okwasuka khonapho kunzima. Wayesesithi ngikhombile ngoba ubone amamessage othando. Indaba yalanyulelwa ngu aunt. (Sometime after having come to stay at home during COVID-19, one day my husband asked for my phone which I handed casually to him. I still live with the result of that encounter. He began to accuse me of having an affair judging by some 'love' messages he had seen in there. Our aunt is the one that managed to cool down the tempers)

Moreover, financial woes increased as informal sector activities ceased due to imposed lockdowns which meant reduced income in the home. This immediately increased gender-based violence in the families. In a meeting held in uMzingwane at a hall which is near the Mzinyathi clinic, one of the researchers had the opportunity to speak to one of the nurses who reported that since the COVID-19 pandemic, they treat up to 30 cases of injuries inflicted through GBV per month. She concurred that Esibomvu and the areas that surround it are gender based violence hotspots.

5.3 Effects of COVID-19 pandemic on GBV and women's mental health

FGD participants listed a number of common effects of GBV on women. These include; high blood pressure, mental challenges, stress, murder, and suicide.

Participants in the FGD in Makokoba, Bulawayo, cited depression, death, physical and emotional scars as well as the constant fear especially when the abusive husband is about to arrive from work as other

effects of GBV. A ZLHR KII (Bulawayo) added that GBV had deep effects on women's mental balance especially during the COVID-19 as women are '*communal and relational*'. Therefore the impact of being stuck at home was more severe to women. The KII added, '*Moreover, being a victim of GBV, how does this affect one mentally?*'

In general, all the FGDs groups interviewed conceded that the problem with gender based violence is that it creates a worried people. They argued that there cannot be any meaningful development because the people who are supposed to develop are worried. The other consequence they noted was that families continued to get poorer due to COVID-19 imposed restrictions. In turn, this increased GBV cases over meagre incomes. Participants said violence against women was countering family progress. At Mpisini, participants said the family begins to collapse after gender based violence and children would also live in fear. A case in point is the Nsezi experience where the nephew narrated how he and other siblings were still in shock after witnessing their uncle kill their aunt and later took his life. Because of what they went through, their mental health was negatively affected.

There are various other challenges that are a result of the intersections between GBV, COVID-19 and mental health. These include limited access to healthcare during lockdowns, confinement and control by abusers, social and economic disruption, social disconnection, anxiety, depression, post-traumatic stress disorder, unwanted pregnancies, sexual transmitted diseases, and stigma within the family and community. These are elaborated below.

5.3.1 Post-Traumatic Stress Disorder

One key informant said that in her community, she met with a woman who was carrying poison and wanted to administer it to her children as a result of her problems with her husband. After the woman was brought to her and her team, they counseled with her against taking her life and that of her children. She further indicated that "We also reported this matter to ZACH (Zimbabwe Association of Church Related Hospitals) and they also called her for further counseling". At Esibomvu, one of the participants pointed out that so many times they concentrated on the survivor and perpetrator but did not give attention to the children and close relatives who witnessed the gender based violence. He said this could be traumatic.

Ngesikhathi esinengi inhlelo zineda olinyaziweyo kumbe isigangi, kodwa ngezikhathi ezinegi azikhangeli abantwana kumbe izihlobo ezifakaza iziga. Ngibona angazani abalimalayo kakhulu yilabo abafakazayo. Akuphumi engqondweni.(Many times interventions focus on the survivors and the perpetrators with very little attention on the eye-witnesses like children. I think those who are hurt the most are the eyewitnesses. What they witness remains in the mind)

5.3.2 Unwanted pregnancies

In ward 14 (uMzingwane) the FGD group said there were many teenage pregnancies during COVID-19. This was corroborated by a KII from the Ministry of Women Affairs who said that at one point about 20 pregnant teen girls were brought to their sister Ministry for processing during COVID-19. One reason mentioned is that people were no longer taking family planning pills. FGD participants however said clinics only welcomed people with major ailments. As a result, people stopped going to collect family planning pills. One FGD participant in uMzingwane said every home in their community has a COVID-19 child. In ward 5 of uMzingwane participants said they has been a disturbing number of unplanned pregnancies in the area. At Esibomvu, the participants said unwanted pregnancies were actually on the increase in the area. In ward 18 of Insiza, the participants said the situation became better after secondary school girls were given bicycles by IGATE, as that led to shortening the times they would pass through the almost 10 kilometer bush area to the school.

5.3.3 Sexually transmitted diseases

The rural FGDs groups generally claimed that the prevalence of STIs increased significantly when many gold panners came into the area during COVID-19. In ward 5 of uMzingwane, the participants bemoaned that women still lack power in sexual matters especially negotiating for safe sex, and as a result there has been a marked increase in sexually transmitted diseases. The key informant pointed out that over the years from 2016, the STI cases in the area were steadily decreasing to 59 in 2019, but there has been an increase over the last two years to 87 in 2021. The key informant attributed this to limited access to sexual and reproductive health services during the COVID-19 pandemic. In ward 4, FGD participants blamed drugs and alcohol being taken in the area as main causes of STIs. They said the money that the men had and the alcohol led them to carelessness.

5.3.4 Stigmatization within the family and the community

At Esibomvu, participants said women who fell pregnant outside marriage were usually looked at with disdain including those with STIs. Those with HIV were treated as any other sick person. In ward 5, female FGD participants in particular said there are negative labels placed on those women who are victims of GBV. Often, they are thought of being mischievous or having caused men to abuse them. GBV survivors have to live with this tag and this affects their mental health. This finding resonates with other existing studies which concluded that women survivors of GBV may withdraw from or fail

to demand social support because feelings of shame lead them to believe they do not deserve support or are attempting to hide their condition to prevent status loss and discrimination³⁰.

5.4 The nexus between GBV, COVID-19 and Mental health

This section, with reference to existing studies, analyses how GBV and mental health issues intersected during the COVID-19 context in the selected districts in Zimbabwe. Our findings show how in more ways than one, pandemics ‘sicken societal institutions and systems just as effectively as the virus weakens its organic host’³¹ Likewise, the COVID-19 pandemic proved corrosive to Bulawayo, uMzingwane and Insiza communities through the increased incidences of GBV affecting women, a finding that corroborates other findings outside Zimbabwe. However, while our study indicates that physical violence was the most prevalent form of GBV as discussed earlier, a study in Tunisia revealed that psychological or emotional violence was more common, followed by economic and physical violence³². Nonetheless, findings in Wards 7, 17 and 21 in Bulawayo Urban revealed that economic abuse was highly prevalent in urban communities.

We also established that those women who had prior mental health issues and were abused during COVID-19 lockdowns, reported more severe mental health issues notably depression, anxiety, and stress. This supports Mahamid et al’s (2022) observation that COVID-19 also heightened psychological problems such as distress, anxiety and depression for women.³³ Our study findings therefore, show that GBV and COVID-19 are directly linked to poor mental health outcomes. The majority of participants in the FGDs indicated that after a woman is beaten or violated, she almost always has mental health challenges such as stress, depression and anxiety. On the other hand, GBV has also led to low esteem among women and has impacted on their ability to work productively in society. As reported by Raj et al (2020)³⁴ in their study in California (USA), our findings also confirmed that the COVID-19 pandemic negatively affected people’s mental health due to lockdowns, particularly for

³⁰ Mahamid, F., Veronese, G. and Bdier, D., 2022. Gender-based violence experiences among Palestinian women during the COVID-19 pandemic: mental health professionals’ perceptions and concerns. *Conflict and health*, 16(1), pp.1-10.

³¹ Connor, J., Madhavan, S., Mokashi, M., Amanuel, H., Johnson, N.R., Pace, L.E. and Bartz, D., 2020. Health risks and outcomes that disproportionately affect women during the Covid-19 pandemic: A review. *Social science & medicine*, 266, p.113364.

³² Sediri, S., Zgueb, Y., Ouanes, S., Ouali, U., Bourgou, S., Jomli, R. and Nacef, F., 2020. Women’s mental health: acute impact of COVID-19 pandemic on domestic violence. *Archives of women’s mental health*, 23(6), pp.749-756.

³³ Mahamid, F., Veronese, G. and Bdier, D., 2022. Gender-based violence experiences among Palestinian women during the COVID-19 pandemic: mental health professionals’ perceptions and concerns. *Conflict and health*, 16(1), pp.1-10.

³⁴ Raj, A., Johns, N.E., Barker, K.M. and Silverman, J.G., 2020. Time from COVID-19 shutdown, gender-based violence exposure, and mental health outcomes among a state representative sample of California residents. *EClinicalMedicine*, 26, p.100520.

women affected by sexual violence and intimate partner violence. Below, we discuss some of the factors that compounded GBV related mental health issues in a COVID-19 period.

5.4.1 Limited access to health care during the lockdowns

Most participants in the FGDs pointed out that there were definite restrictions to access to healthcare. These ranged from reduced transport options to visit health care centers, shortage of medication and general fear of exposing oneself to the corona virus. It is critical to point out that in 2020 and the better part of 2021, GBV support services were regarded as non-essential. This led to challenges in adhering to Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence. One FGD participant said their area generally does not have a good transport system, so COVID-19 lockdown restrictions actually closed them off from the world for a while. Most of the participants said even though they could walk to rural health centers for minor cases, they could hardly access hospitals for major mental health issues. A female participant in Insiza pointed out that she became hypertensive at a young age because of the tough life that she faced and the condition has degenerated into a complicated array of diseases. As a result, she needs to visit the hospital regularly. Her condition was further worsened by the GBV she experienced from her husband. It needs to be pointed out that in three of the rural wards visited, there is no public transport and that means during the time that only the Zimbabwe United Passenger Company (ZUPCO), a local state owned bus company, was allowed to operate, their villages had simply no alternative mode of transport. In ward 5 of uMzingwane participants said they had a clinic in the ward, but many times it does not have the medication prescribed and hence they are forced to travel to Esigodini or other towns. Also injuries sustained from gender based violence and other forms of violence require immediate attention which is not always available as there is no ambulance in the ward and the sick would have to depend on private transport which may be very expensive.

On the other hand, there were GBV victims who were restricted from seeking health care by their spouses/partners. This is supported by Opanasenko et al (2021)³⁵ who argue that GBV perpetrators ‘weaponised the anxiety and fear caused by COVID-19’ to prohibit their partners from accessing health facilities.

5.4.2 Confinement and control by abusers

COVID-19 lockdowns often isolated families socially and physically which increased the mental strain and ultimately, GBV. Confinement and control by abusive partners, social and economic disruption, and restricted access to healthcare services were identified as the main

³⁵ Opanasenko, A., Lugova, H., Mon, A.A. and Ivanko, O., 2021. Mental Health Impact of Gender-Based Violence Amid COVID-19 Pandemic: A Review. *Bangladesh Journal of Medical Science*, pp.17-25.

contributing factors of GBV³⁶. As alluded to earlier in the report, COVID-19 stressors seemed to directly trigger the mechanism of aggression and cause physical or psychological violence and associated mental health implications in victims.

Women who experienced GBV before the COVID-19 pandemic, suffered more abuse during the lockdowns as they were quarantined with their abusers, and because there were limited avenues of assistance, they felt abandoned and insecure. The FGDs participants said abusers could also have taken advantage of the lockdowns to also lock women down in the homes. There was limited protection of the abused during that time as all were confined to their homes. This became a time of settling scores when no one would restrain them. A health care worker at a local clinic in uMzingwane district pointed out that the area had very high cases of women who reported to the clinic with bruises which could easily be linked to beatings at home. The participants pointed out that the victim failed to report the abusers as the latter were protected by their money, culture or family setup. A participant in a Bulawayo FGD also concurred that abusers could use money to dissuade other family members from reporting. Women survivors of GBV may withdraw from or fail to demand social support because feelings of shame lead them to believe they do not deserve support or are attempting to hide their condition to prevent status loss and discrimination.

5.4.3 Social and Economic Disruption

Our findings demonstrated that women who used to get some money through informal trading and door to door selling of wares, were now confined to their homes and lost out on income for their families. This naturally led to tempers flaring and agitation increasing in homes. Men were also affected as industries were only functioning on skeletal staff and or essential services only, and this led to frustrations making most of the men potential abusers. Research also confirms that economic insecurities drove men (particularly) to be temperamental and subsequently took this out on their spouses.³⁷ The groups pointed out that the social and economic disruption they suffered was mostly due to COVID-19. Before COVID-19, women said they were free to move about and do business and get some income, but under COVID-19, this was not to be.

³⁶ Opanasenko et al., (2021).

³⁷ Opanasenko et al (2021).

5.4.4 Social Disconnection

It is documented that women have greater reliance on social support. Therefore, they are likely to feel isolated when they fail to access previously cultivated supportive relationships during COVID-19 due to social distancing³⁸. Many female participants indicated that they became disoriented and depressed by the COVID-19 lockdowns results from COVID-19. They further explained that the disconnection led to mental health issues as lockdowns led to their being disconnected with family and friends. This was exacerbated by government instructions on burials that were either done with only close family members within reach and under strict Ministry of Health guidelines leading to further isolation and despondency.

5.4.5 Anxiety

Almost all the participants conceded that they were anxious about COVID-19. Connor et al (2020) argue that ‘threatened and actual experiences of harm present challenges to mental health.’³⁹ A male respondent pointed out that right from the onset, there was much fear peddled with COVID-19. He pointed out that he would literally run away if anyone sneezed near him. He said the area was not equipped to handle COVID-19 cases and that led everyone to be anxious. Participants from ward 5 of uMzingwane and ward 16 of Insiza pointed out that the loss of jobs or suspension of work experienced by many men in their wards, led to lots of anxiety and mental health issues on women as they needed to step in and provide in one way or another. They added that women would be anxious as a result of GBV and would need counselling.

5.4.6 Depression

A ZLHR KII in Bulawayo bemoaned the legal system’s handling of GBV victims with mental health issues. She said:

Are you aware that the law stipulates that any victim who has mental challenges should be assessed first before their issue gets to court? So the law literally says to the victim, ‘forget about your vagina as we check out your head first’. Being sexually abused becomes a secondary issue in this case.

The participants in FGDs in uMzingwane and Insiza pointed out that many times they saw women that were undergoing depression which resulted from GBV being affected health wise. Some of them lost weight, while their men remained strong since they would continue to take their ‘*ntshengu*’ (a very intoxicating type of alcohol common in mining compounds.). In ward 5 (uMzingwane), the participants

³⁸ Connor, et al., (2020).

³⁹ Connor et al (2020)

pointed out that depression was a major part of the lives of the women that went through GBV. This was corroborated by Raj et al (2020) who state that women are more susceptible to severe depression than men. In ward 4 (uMzingwane), the group said in their area there were no reported cases of depression directly caused by COVID-19 per se, but they have witnessed more youths getting involved in drugs and taking toxic alcoholic variants. They also mentioned that the involvement in drugs and heavy alcohol has increased of late and has contributed to high GBV cases.

5.5 Stakeholder interventions addressing GBV and mental health during COVID-19

Participants acknowledged a visible multi-sectoral partnership in fighting GBV in their communities. KIIs with ZLHR, Ministry of Women Affairs and VFU in Bulawayo, acknowledged the existence of a vibrant Multi-Sectoral Management of Sexual Abuse and Gender Violence in the province. Explaining their roles, ZLHR said they are the 'legal muscle', VFU said 'it's our job to open a docket and process' on criminal cases related to GBV while the Women Affairs Ministry said;

We have a GBV Coordination Forum under the Ministry. Relevant stakeholders and ministries form part of this forum which sits quarterly. This is the platform where the stakeholders report what they are doing on gender issues.

Together, the group share responsibilities in assisting GBV victims according to their expertise. One of the KII interviews revealed that the stakeholders mentioned above even have a WhatsApp group where they alert each other on specific cases that may need assistance. For instance, 'one may alert members of a victim needing transport from one place to another for processing.'

The most common forms of interventions identified were; gender committees or gender desks (e.g. The Evangelical Lutheran Church in Zimbabwe has a *Gender Justice Programme*), organisations teach communities on GBV, police get into communities on road shows (FGDs, Bulawayo). Women empowerment programmes were also mentioned as an intervention method to curb GBV. EWF also trained community activists, and taught the communities on referral pathways.

However, as has been reported in other studies⁴⁰, COVID-19 disrupted GBV service provision and limited the capacity to provide remote services. At the same time, the intensification of social isolation resulted in deeper inequities in accessing GBV and mental health services. At Esibomvu, the participants decried organisations left them when they needed them most during the height of COVID-19. They specifically indicated that the police were more interested in enforcing the regulations of

⁴⁰ Sapire R, Ostrowski J, Maier M, Samari G, Bencomo C, McGovern T (2022) COVID-19 and gender-based violence service provision in the United States. PLoS ONE 17(2): e0263970.

COVID-19 and relegated GBV response to the periphery. They also pointed out that Post COVID-19 era is more deadly in terms of GBV than during the period. They said the people were confined to their homes and were not visited even by the systems that confined them to the homes. They said they were left at each other's mercy. A man with two wives said that during that time, he got to see the struggles that his wives were going through against each other and against him, and he also became part of the fights as initially he could not rush back to work in the gold fields as there was a heavy police presence. He would only be able to go back after a month, but already the damage had already been done.

With specific focus on sexual violence and exploitation affecting girls in the rural districts, participants from Insiza pointed out that World Vision had tried to meet that need through an intervention initially called 'Improving Girls Access through Transforming Education (IGATE 1). This was just focusing on girls, and later they came up with another one which was more encompassing which focused on both sexes, 'Improving Gender Attitudes, Transition and Education outcomes (IGATE 2). According to the participants, this has helped a lot as it has assisted learners with bicycles to cut down on distances and save on energy, but still the risk to GBV remains.

The participants pointed out that the Ministry of Women's Affairs is helping by giving women opportunities to make their own money through Internal Savings and Lending Schemes (ISALS). They also mentioned awareness programmes and workshops as viable interventions, generally the COVID-19 period has registered more depression in the homes than the envisaged peace.

The group at Mpisini (uMzingwane, ward 14) pointed out that there are many attempts to reduce the incidents of violence by various organisations that are working in the area which include EWF, ZACH and Musasa Project. The participants also pointed out that the community also reports cases but people continue to commit gender based violence. They also said the organisations come up with workshops and awareness campaigns, but the GBV cases continue increasing.

While ward 21 FGD participants (Bulawayo) acknowledged that women are now aware of the referral pathways for GBV cases, reporting rates are not commensurate with this. A VFU Officer in Bulawayo confirmed that a good percentage of women who reported GBV cases would withdraw these cases within a few days. This was supported by most FGD participants and GBV survivors. A number of reasons were given on why GBV survivors did not report perpetrators. In most cases, the perpetrator would be the breadwinner and the woman has to consider the 'trailer' behind her (children). It is also caused by embarrassment, while some don't know who to approach at the police station because ordinary police officers would laugh at you. Participants in Bulawayo said the 2k (young police officers)

at some police stations *'bahleka baze beqamelane'* laugh at you for reporting GBV. A GBV Survivor from Bulawayo pointed out that people fail to report as they confuse abuse for a sign of love and also the 'what will people say' element controls women on their options to report. A participant from PBS (Insiza, ward 14) pointed out *'Kunzima khonukuthi sibabophise. Bangabantu banye lamapholisa'* (it is very difficult for us to report them. They are one with the police). Most of the participants said females are not always ready to report their male perpetrators because they feel sorry for them (*uzwelo*) or they are ostracized by the extended families for reporting them, therefore they still do not report most of the matters.

At Mpisini, the group said sometimes reporting a case of GBV is a problem. So many times they just take the GBV survivor to the clinic or hospital. The clinic is 3 km from the place of the meeting and the hospital is 27 km away. A number of women in the FGD said that if the bruises are small, they just go and lie at the clinic and they get treated. They however said from a community perspective, they report cases to those that are in charge of the community, and those are the people who would then escalate the case depending on its gravity. At Esibomvu they said the family is the first call where the respective family members would interrogate both the perpetrator and the survivor. If the family judges that the matter warrants reporting to the police, they do it without delay. The group pointed out that the problem with reporting to the police is that, sometimes the cases die a natural death. Bulawayo FGDs cited corruption even within family circles which result in the family supporting the perpetrator especially 'if he buys the uncle tickets to a Highlanders soccer game'.⁴¹ They also said police do not play a mediatory role after the arrest. They said the communities should be equipped to deal with matters in a restorative way. They however identified issues such as rape or injury as warranting police and hospital intervention immediately like the Nsezi cases alluded to earlier.

In ward 5 in uMzingwane, ward 14 Insiza and ward 18 Insiza the general consensus was that reports should be made to the village heads, who in turn report to higher offices. They said they first sit down as a community and assess if they can solve it or they could just report it as is. In addition to these, pastors, non-state organisations like EWF, Msasa were also mentioned as places to report to. In explaining the role that church pastors play in handling GBV related mental health issues, one woman participant indicated that during the COVID-19 lockdown, she wanted to kill her husband then kill herself and the child. In a counselling session on this issue, the pastor asked her if she had bought the 3 coffins for herself, her husband and their child and she said this was not her concern. However, the pastor managed to convince her not to kill herself nor her husband and child.

⁴¹ Highlanders is a popular football/soccer team particularly in Bulawayo.

The majority of the FGD participants said reporting GBV matters to family members or extended family can actually make the issue worse as the man can come back to rebuke the extended family. Some participants said that men don't listen and even if they receive counselling, they can come back home to perpetrate further abuse. In situations like these, participants felt it was more helpful to report GBV perpetrators to the police. One participant said:

Ukuyemapholiseni kungcono ngoba amadoda awalaleli, awancedeki njalo. Amanengi alolakha. Ungakhuluma kuhle lawo, wona ayahle akuncindezele. (Going to the police is better because men do not listen, and they can hardly be helped. Many of them are hot tempered. When you speak softly to them, they take that opportunity to oppress you'. Some participants said that they take steps to inform the families about GBV issues, then the community through Community Activists (CAs). It is at this stage that the case may then be reported to the police.

5.6 Strengthening support for GBV survivors

Participants said there is need for counseling as the people went through a lot during COVID-19. This can be difficult as women sometimes 'internalize stigma' then withdraw from social support.⁴²For women, COVID-19 brought along many socio-economic challenges which were worsened by increased violence in the domestic space. FGDs also suggested that the women who have been affected can get help to start small businesses so that they get back on their feet. They said what causes the women to suffer from GBV is their economic dependency on men. In Esibomvu, participants said GBV survivors need counseling which they can get from trained counselors under the Ministry of Women's Affairs or NGOs in the area. They pointed out that it was important for them to talk to professionals.

6. Conclusions and Recommendations

The research revealed that the nature of GBV experienced in Bulawayo urban, Insiza, and uMzingwane ranged from physical, emotional, verbal, to sexual violence. The COVID-19 pandemic led to a significant increase in GBV cases and heightened women's risk to GBV. This was due to the effects of the COVID-19 imposed lockdowns which constrained people in household, limited their participation in economic activities especially in the informal sector. This negatively affected household incomes, which then contributed to tension between spouses and ultimately GBV.

It was clear from the study that there was a strong link between COVID-19, GBV and negative mental health outcomes. Most GBV survivors' mental health was affected which resulted in conditions such as high blood pressure, depression, and low self-esteem. The COVID-19 pandemic further compounded these mental health issues. This is because the lockdowns limited women's access to

⁴² Mahamid et al (2022).

health care services where they could have accessed mental health services. In addition, the prolonged confinement of women with their abusers meant that they continued to experience mental health strain as they were socially disconnected from other support structures such as the church. Furthermore, the pre-occupation with enforcing COVID-19 regulations meant that not much attention was given to addressing GBV cases in the households. Essentially, GBV survivors had no informal psychosocial support system at home where they were confined due to lockdown measures.

The study also revealed a number of GBV interventions in the researched districts which included Gender Committees, GBV awareness campaigns, sensitisation of community on referral pathways, and economic empowerment programmes for women and GBV survivors. However, it became apparent that most of the GBV interventions in the 3 districts lacked a component to address mental health needs of GBV survivors. In cases, where mental health specialists exist, it was observed that they are few and at times inaccessible due to the prohibitive costs. As such, stakeholders responsible for addressing GBV issues are encouraged to re-think service delivery systems and programming that contain challenges affecting GBV survivors, particularly with regards to their mental health.

Based on these research findings, the researchers recommend that:

- Stakeholders who are involved in Gender Based Violence, for instance Victim Friendly Unit, Judicial Services Commission, National Prosecution Authority, NGOs that deal with GBV just to mention but a few need to be thoroughly inducted on different forms of GBV affecting women and how these have a bearing on their mental health. A multi-sectoral approach is needed to ensure proper management of GBV in the 3 districts and Zimbabwe in general.
- EWF and other organisations are encouraged to establish counselling services and rehabilitation centres to assist GBV survivors deal with their psychosocial needs. VFU should also be capacitated to offer psychosocial support to GBV survivors.
- Municipalities should revive the Community Centre concept so as to accommodate and provide psychosocial support services and women empowerment programmes for GBV survivors.
- EWF is encouraged to create a monitoring and evaluation mechanism to monitor the trend of GBV cases, particularly during this COVID-19 pandemic phase. An evaluation also needs to be carried out on whether GVB responses for survivors are meeting their mental health needs.
- There should be a budget specific to the Victim Friendly Unit services where each line ministry can get a share towards victim friendly services.

- Witness protection and support to go beyond court room to prevent GBV survivors withdrawing cases from the legal system or police.
- Justice system should impose withdrawal fee to deter women from withdrawing cases to protect the perpetrator.
- Organisations and relevant government departments should consider availing virtual social support systems and networks, to complement physical support to address GBV and the resultant mental health issues.