

Gender - based violence, alcohol related abuse and pandemics: A synthesis report

DPME Research and Knowledge Management (RKM) Unit

21 August 2020

Name of the Report

Gender - based violence, alcohol related abuse and pandemics: A synthesis report

Secondary information

A report submitted in support of the COVID-19 streams

KEY MESSAGES

- ◆ The President of South Africa, President Cyril Ramaphosa recently deemed Gender based violence (GBV) as South Africa's second pandemic and highlighted that it was high time the country urgently re-examined the role of alcohol abuse in violent and reckless behaviour. A review and synthesis of literature to ascertain factors that contribute to GBV, with a special focus on alcohol and the COVID-19 pandemics/crisis was therefore, done.
- ◆ The purpose of this report was to review and provide a critical reflection about the association between GBV and alcohol related violence in South Africa and abroad and ascertain whether pandemics also have an effect on the relationship. It further provided an analysis of GBV trends in SA during the COVID-19 pandemic.
- ◆ The report was requested in support of one of the COVID-19 streams dealing with GBV. Contents of the report also assisted Government decisions making regarding the COVID-19 measures, especially regarding measures on alcohol sales.

Date of report

21 August 2020

How to cite:

DPME. 2020. Gender - based violence and alcohol related abuse, during pandemics: A synthesis report. DPME Research and Knowledge Management Unit.

Contact:

Dr David Makhado

Chief Director: Research and Knowledge Management

Branch: Evaluation, Evidence and Knowledge Systems

Department of Planning, Monitoring and Evaluation

Tel: 012 312 0557

Cell: 066 484 6143

Email:

David.Makhado@dpme.gov.za

LIST OF FIGURES	0
LIST OF TABLES	0
LIST OF ACRONYMS	1
SECTION 1: INTRODUCTION AND BACKGROUND	2
1.1 Introduction.....	2
1.2 Aim and objectives.....	3
1.3 Methodology	3
1.4 Structure of the report	3
SECTION 2: TRENDS ANALYSIS OF SEXUAL OFFENCE IN SOUTH AFRICA	4
2.1 Introduction.....	4
2.2 Analysis of sexual offences in South Africa.....	4
2.2.1 Ten-year sexual offence trend.....	4
2.2.2 Crimes against women: Four Year Comparison 2015/16 - 2018/19.....	5
2.2.3 Crimes against children: Four Year Comparison 2015/16 - 2018/19.....	5
2.3 Conclusion	6
SECTION 3: REVIEW RELATED TO GENDER-BASED VIOLENCE (GBV)	7
3.1 Introduction.....	7
3.2 Theoretical Framework.....	7
3.2.1 Physiological and cognitive response theory.....	7
3.2.2 Power Theory.....	7
3.2.3 Marital Dependence/ Resource Theory	8
3.3 Why Gender-Based Violence.....	9
3.4 Links between alcohol use and violence	10
3.5 Links between Gender-Based Violence and pandemics.....	12
3.5.1 Gender-Based Violence during a State of the National Disaster and Lockdown: The South African case	13
3.5.2 Gender-Based Violence during a State of the National Disaster and Lockdown: International cases	17
3.6 Contextual Analysis: Alcohol abuse and violence.....	19
3.6.1 The South African case	19
3.6.2 International cases.....	20
3.7 Country cases: Alcohol-Related Violence.....	21
3.7.1 Belarus	22
3.7.2 Botswana.....	23
3.7.3 Brazil.....	23

3.7.4 Caribbean	24
3.7.5 India.....	24
3.7.6 Mexico.....	25
3.7.7 South Sudan.....	26
3.7.8 Thailand.....	26
3.7.9 Uganda.....	27
3.7.10 United Kingdom	28
3.8 Effects of Gender Based Violence	28
3.9 Conclusion	29
SECTION 4: LESSONS LEARNED, KEY FINDINGS AND RECOMMENDATIONS	30
4.1 Introduction.....	30
4.2 Lessons for SA regarding alcohol-related violence in different countries	30
4.3 Proposals for dealing with alcohol related violence.....	31
APPENDICES	33

List of Figures

Figure 1 Sexual Offences: Trend Over Ten Years

List of Tables

Table 1 Crimes against women

Table 2 Crimes against children

Table 3 GBV Command Centre Call Statistics Report

Table 4 Provincial Report: Tickets Logged & Referred During Lockdown

List of Acronyms

COP	Community-oriented policing
EC	Eastern Cape
FS	Free State
GBV	Gender Based Violence
GDP	Gross Domestic Product
GP	Gauteng Province
IFRC	International Federation of Red Cross
IPV	Intimate Partner Violence
ISS	Institute of Security Services
KZN	KwaZulu Natal
LGBTQI	Lesbian, gay, bisexual, transgender, queer/questioning, intersex
MP	Mpumalanga
NC	Northern Cape
NGO	Non-Governmental Organisation
NW	North West
ODI	Overseas Development Institute
SA	South Africa
SAPS	South African Police Service
SRH	Sexual and reproductive health
UK	United Kingdom
UN	United Nations
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USA	United States of America
WC	Western Cape
WHO	World Health Organisation

Section 1: Introduction and background

1.1 Introduction

The Constitution entitles every human being to a good quality of life that is free from abuse of any nature. Gender-based violence (GBV) against women is therefore acknowledged as a violation of basic human rights and GBV in South Africa remains significantly higher than the global average. Intimate partner murder rate in South Africa was established to be five times higher than the global average according to the according to the World Health Organisation (WHO) ¹. Global studies show that about 35 per cent of women across the world have experienced physical and/or sexual violence by a partner or non-partner ².

A study conducted in 86 countries across Africa, America, Eastern Mediterranean, Europe, South-East Asia and the Western Pacific, found that physical and/or sexual violence had been experienced by about 68 per cent of women in their lifetime and more prevalent in central sub-Saharan Africa ³. GBV is argued to be a major contributor to disability and death of women aged 15–44 years ⁴. It is not only devastating for survivors and their families, but also carries significant socio-economic costs of up to about 3.7 per cent of some countries' GDPs, which may be more than double what most governments spend on education. A KPMG report measured the cost of GBV in the country and provided a conservative estimated cost of between 0.9 per cent and 1.3 per cent of GDP, which is between R28.4 billion and R42.4 billion per year ⁵.

The President of South Africa, President Cyril Ramaphosa recently deemed GBV as South Africa's second pandemic and highlighted that it was high time the country urgently re-examined the role of alcohol abuse in violent and reckless behaviour. A review and synthesis of literature to ascertain factors that contribute to GBV, with a special focus on alcohol and the Covid-19 pandemics/crisis will be done. In conducting a review of this nature, it is essential to consider available evidence that exists both at home and abroad.

This paper will provide a context of the extent of crimes and sexual offences against women and children in the country before zooming into the synthesis approach. It will further provide theoretical models that explain alcohol-violence association, provide a synthesis of literature that highlights alcohol-related violence in different countries, identify risk factors for alcohol-related gender - based violence, and also illustrate the associations between alcohol use, GBV and pandemics and its impact thereof. It will lastly provide recommendations.

¹ <https://www.globalcitizen.org/en/content/gender-violence-Covid-19-lockdown-south-africa/>

² WHO 2013.

³ <https://2012-2017.usaid.gov/sites/default/files/documents/1865/USAID%20Toolkit%20GBV%20EG%20Final%20Section%202.pdf>

⁴ United Nations Women 2011

⁵ <https://assets.kpmg/content/dam/kpmg/za/pdf/2017/01/za-Too-costly-to-ignore.pdf>

1.2 Aim and objectives

The aim of the synthesis report is to:

Reflect on the extent of the association between GBV and alcohol related violence in South Africa and abroad

Reflect on the association of GBV, pandemics and alcohol (lockdown and the easing of lockdown period)

Provide an analysis of trends on gender-based violence related to alcohol abuse in SA

Provide recommendations for consideration going forward

1.3 Methodology

A desktop study was undertaken to establish the extent of the gender-based violence in South Africa and alcohol related violence. Data on GBV cases reported to SAPS was sourced and analysed to understand general GBV trends and alcohol related cases opened at the police stations across the country for the past 10 years between the 2009/10 financial period and the 2018/19 financial period and during the South African state of disaster period (lockdown and after the easing of the lockdown).

1.4 Structure of the report

Section One of the report covers the introduction and the background to set the study in the current developments in the country that have contributed to the need for the synthesis report. It also provides the aims and objectives and the methodology adopted in the review. Section two presents trend analysis of violence, crime and sexual offences against women and children in South Africa. Section three presents GBV literature from different countries and contexts; including South Africa. The last section presents lessons learned, key findings and recommendations.

Section 2: Trends analysis of sexual offence in South Africa

2.1 Introduction

The United Nation (UN) Statistics in 2017, reported that 137 women and girls were intentionally killed by their partner or a family member somewhere in the world every day. This adds up to over 50 000 lives ended by close relations. Furthermore, female-headed households experience a higher homicide rate than male-headed households. Women also experience higher levels of rape and sexual harassment than men; a situation linked to the pervasiveness of violent forms of masculinity⁶.

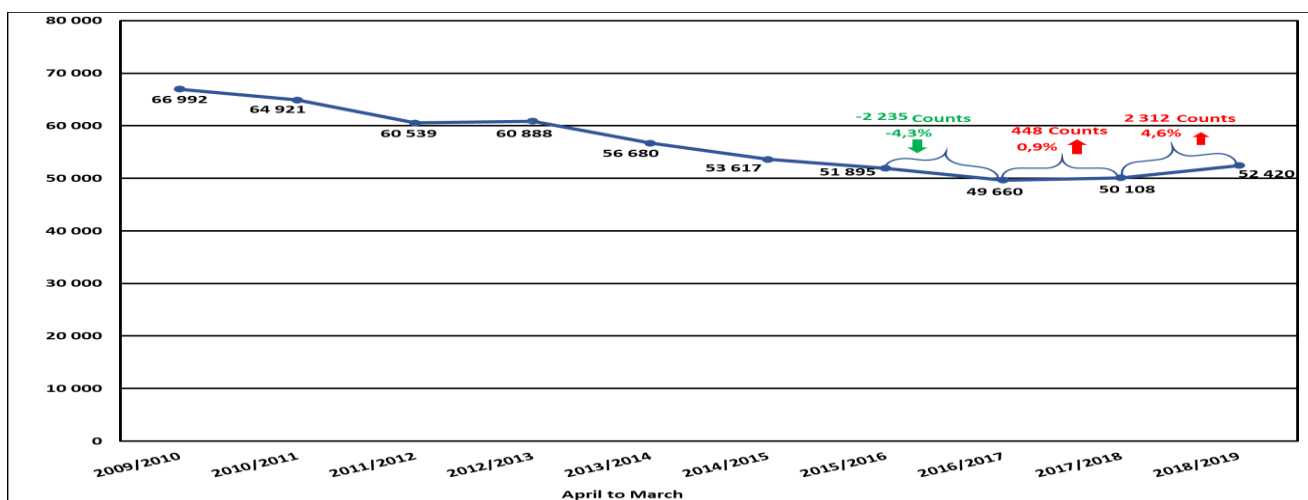
An overview of some of the trends in sexual offence and crimes against women and children in the South African context will be presented in this section of the report. This is to provide a background of the extent of violence against women in the country. It helps provide the basis on why a synthesis of this nature is necessary to guide decision making.

2.2 Analysis of sexual offences in South Africa

2.2.1 Ten-year sexual offence trend

The graph below presents the number of reported sexual crime cases in South Africa over a ten-year period between 2009/10 and 2018/19.

Figure 1: Sexual Offence: 10 - year trend



Source: South African Police Service

Figure 1 shows that the number of reported sexual offence cases had been decreasing between the 2009/10 and 2018/19 period. The number of reported cases were about 66 992 in the 2009/10 period and about 52 420 in the 2018/19 period. Between the 2011/12 and the 2012/13 period, there was a slight increase of

⁶ 2019 Development Indicators available from the DMPE's online Resource Centre: <https://www.dpme.gov.za/publications/Pages/Reports-and-Other-Information-Products.aspx>

about 0.6 per cent in the number of reported sexual assault cases. A decrease was observed thereafter, until the period between 2016/17. There was however, a slight increase in the 2017/18 and 2018/19 period of about 0.9 per cent and 4.6 per cent, respectively.

2.2.2 Crimes against women: Four Year Comparison 2015/16 - 2018/19

The table below presents the number of reported crimes against women in South Africa between the 2015/16 and 2018/19 period. Crimes reported included contact crimes and sexual offences.

Table 1: Crimes against women.

<i>Crime category</i>	2015/2016	2016/2017	2017/2018	2018/2019	Count diff	% change
<i>Contact crimes (crimes against women)</i>						
<i>Murder</i>	2 780	2 639	2 930	2 771	-159	-5,4%
<i>Total sexual offences</i>	39 580	37 392	36 731	36 597	-134	-0,4%
<i>Attempted murder</i>	3 325	3 328	3 554	3 445	-109	-3,1%
<i>Assault GBH</i>	56 969	51 956	53 263	54 142	879	1,7%
<i>Common assault</i>	84 091	78 090	81 142	82 728	1 586	2,0%
<i>Total contact crimes</i>	186 745	173 405	177 620	179 683	2 063	1,2%
<i>Total sexual offences</i>						
<i>Rape</i>	33 467	31 370	30 981	30 626	-355	-1,1%
<i>Sexual assault</i>	3 373	3 671	3 621	3 771	150	4,1%
<i>Attempted rape</i>	2 090	1 643	1 614	1 712	98	6,1%
<i>Contact sexual offences</i>	650	708	515	488	-27	-5,2%
<i>Total sexual offences</i>	39 580	37 392	36 731	36 597	-134	-0,4%

Source: South African Police Service

Table 1 shows that there was a fluctuation in the total number of reported contact crimes against women between 2015/16 and 2018/19. The reported contact crimes [murder, sexual offences, attempted murder, assault GBH (grievous bodily harm) and common assault] increased by 1.2 per cent between the 2017/2018 and 2018/2019 period but decreased by 3.8 per cent between the 2015/16 and 2018/19 period. The total number of reported sexual offences against women decreased by 7.5 per cent - from 39 580 in 2015/2016 to 36 597 in 2018/2019. Even though there was a decrease in the number of reported rape cases, rape had the highest cases reported in comparison to other forms of sexual offences over the 4-year period.

2.2.3 Crimes against children: Four Year Comparison 2015/16 - 2018/19

The table below shows the number of reported crime cases against children in South Africa. Crimes reported include contact crimes and sexual offences between the period between 2015/16 and 2018/19.

Table 2: Crimes against children

<i>Crime Category</i>	<i>2015/2016</i>	<i>2016/2017</i>	<i>2017/2018</i>	<i>2018/2019</i>	<i>Case Diff</i>	<i>% Change</i>
CONTACT CRIMES (CRIMES AGAINST CHILDREN)						
<i>Murder</i>	1 019	839	985	1 014	29	2,9%
<i>Sexual Offences</i>	26 514	24 677	23 488	24 387	899	3,8%
<i>Attempted murder</i>	1 061	936	1 059	1 184	125	11,8%
<i>Assault GBH</i>	8 772	7 589	7 562	7 815	253	3,3%
<i>Common assault</i>	10 686	10 211	10 446	10 829	383	3,7%
Total Contact Crimes	48 052	44 252	43 540	45 229	1 689	3,9%
Total Sexual Offences						
<i>Rape</i>	21 121	19 079	18 336	18 586	250	1,4%
<i>Sexual Assault</i>	3 509	3 986	3 706	4 451	745	20,1%
<i>Attempted rape</i>	716	590	662	562	-100	-15,1%
<i>Contact sexual offences</i>	1 168	1 022	784	788	4	0,5%
Total Sexual Offences	26 514	24 677	23 488	24 387	899	3,8%

Source: South African Police Service

Table 2 above shows the total number of reported contact crime and sexual offense cases against children decreased between 2015/16, 2016/17 and 2017/18. There was however, an increase of 3.7 per cent in the number of reported contact crime cases and 3.7 per cent increase in the number of sexual offense case between the 2017/18 and the 2018/19 period. Rape cases against children, similarly to that of women, had the highest reported cases in comparison with other forms of sexual offences over the four-year period. Attempted rape was the only sexual offense crime against children that reported a decrease between 2017/2018 and 2018/19.

2.3 Conclusion

The information provided in this section provides a glimpse of the extent of the scourge in violent and sexual crimes against women and children in the country. It is noteworthy that common assault, assault with grievous bodily harm (GBH) and rape were not only high for women but also for children. The number of murders for children were about a third of those of women. These finding elucidates UNICEF's assertion of the relationship between abuse in the home and the propensity for child abuse. It further illustrates the importance of the President's message about the urgency of re-examining the role of alcohol abuse in violent and reckless behaviour to ensure that the country is better informed to build a responsible, healthy and caring society.

Section 3: Review related to gender-based violence (GBV)

3.1 Introduction

Although the murder rate for women has been declining from approximately 22 murders per 100,000 to just under 10 between 2002 and 2015, GBV in South Africa remains significantly higher than the global average (less than 5 women murdered per 100,000) (DPME, 2019). The scourge is blamed on deep-rooted gender inequality and damaging stereotypes of women as weaker and less valuable members of society⁷.

This section of the review provides a theoretical framework and reviews literature about the association between alcohol use, GBV and pandemics, and further explores these in different countries.

3.2 Theoretical Framework

Proponents of gender-based abuse have identified some approaches that may help explain the high alcohol-violence association. These include the Physiological and cognitive response theory, Power Theory, Resource/Marital Dependency Theory. These are expanded in the paragraphs below.

3.2.1 Physiological and cognitive response theory

The consumption of alcohol has been argued to affect physical and cognitive functioning, which reduces the ability to adequately process incoming information and reduce self-control. This is asserted to contribute to the likelihood of intoxicated individuals to resort to violence. There are several theories about why this is the case. One reasonable assumption is that cognitive functions change when intoxicated – for example, it becomes more difficult to interpret social cues and interpret facial expressions when intoxicated, which may lead to misunderstandings. It is also easier to get mentally stuck in a single track, and these may lead to conflict. Violence and aggression therefore, become the paths of least resistance.

Abbey et al. (2004) argue for a direct link between alcohol use and severe problems such as reasoning abstractly, planning and making judgment, which affect the ability to adequately inhibit behaviour, empathise and consider long-term consequences and alternative behaviours. They identified links between excessive consumption of alcohol and cognitive impairment and the misperception of social cues and found an increase in the likelihood of sexual violence amongst intoxicated individuals⁸.

3.2.2 Power Theory

Evidence from both the alcohol abuse and the wife assault fields suggests that "power theory" offers a viable alternative interpretation. Power theory suggests that alcohol abuse and wife assault are manifestations of an underlying need for power and control related to gender-based distortions and insecurity. Theory on hegemonic masculinities argues that emotions are associated with weaknesses and subordinate masculinity

⁷ <https://www.ednh.news/femicide-a-global-scourge/>

⁸ Abbey et al., 2004, 2014

and therefore, not desirable attributes for men. The lack of alternative expressions of stress and trauma for men may therefore be expressed by performing hegemonic masculinities⁹. GBV can therefore, be about power and control; often perpetrated because of a feeling of disempowerment and where the perpetrator exerts power and control on someone deemed as weak and/or vulnerable¹⁰.

Ideas about normative behaviour and masculinity tend to associate the ability to drink heavily with toughness, strength and virility hence alcohol abuse is likely to be driven by ideals of illustrating one's manhood¹¹. The consumption of alcohol and the lack of control associated with it may give perpetrators the margins to express culturally-bound normative behaviours that condone dominance of men over women. In public places, such as bars and shebeens, the atmosphere in the venue is argued to increase men's sense of power, which when combined with intoxication may fuel aggressive behaviour towards women.

Disputes may also spur of men reproaching wives or partners who are intoxicated since this may be regarded as defying gender norms and socially unacceptable. Studies also show that violence that occurs when intoxicated is quickly forgotten and dismissed, which further condones violent behaviour^{12; 13}. Evidence also exist illustrating that that some men gain courage to beat their partners in order to conform with social expectation¹⁴.

It is thus argued that the association between alcohol and GBV stems from broader sociocultural norms and in contexts where toughness, misogyny and violent masculinity is glorified¹⁵.

3.2.3 Marital Dependence/ Resource Theory

The theory of marital dependency states that being economically dependent on a male partner increases women's risk of abuse and the likelihood of staying in abusive relationships and not reporting abuse. The theory asserts that women with few economic resources struggle to leave abusive relationships, and are less able to negotiate change; leading to higher endurance for intimate partner violence (IPV). Alcohol is also deemed a source of conflict, especially in situation where the resources are scarce and one partner spends funds on alcohol than in sustaining family needs¹⁶.

From a social perspective, the resource theory defines the family as a power system where men with few economic resources (such as earnings, social status, education attainment) may use violence as an alternative form of expression of manliness to gain respect, control and maintain dominance within the

⁹ Connell, 2009.

¹⁰ Germanos <https://hsf.org.za/publications/hsf-briefs/gender-based-violence-in-the-time-of-corona>

¹¹ https://www.saferspaces.org.za/uploads/files/Stop_Violence_Against_Women_-_Report.pdf

¹² Watt et al, 2012 cited from Mazar, undated: qualitative research based on interviews with a total of 55 respondents and structured observation in six alcohol-serving venues in South Africa.

¹³ Jewkes, 2002

¹⁴ Jewkes, 2002, 2012

¹⁵ https://www.saferspaces.org.za/uploads/files/Stop_Violence_Against_Women_-_Report.pdf

¹⁶ https://www.saferspaces.org.za/uploads/files/Stop_Violence_Against_Women_-_Report.pdf

family¹⁷. Standard resource theory therefore assumes that employment and education could serve as buffers against abuse. Such theories therefore assume that female employment may help reduce IPV^{18;19}. An increase in women's resources, may however, yield contrary results; and increase the risk of abuse (what is referred to as a violence backlash). There have been instances where women's resourcefulness becomes a threat and men resort to violence as an instrumental to regain power and reinstate their dominance²⁰.

3.3 Why Gender-Based Violence

It is difficult to highlight a single factor that contributes towards gender-based violence. It is also difficult to predict when gender-based violence (GBV) is going to take place because human behaviour is unpredictable and violence of this nature tends to occur in closed places. It is a further complication to predict violence and aggression in humans because a number of factors play a role in human's ability or motivation to show aggression towards another. It is therefore, generally acknowledged that GBV is complex in nature. GBV may be related to factors including:

Alcohol intoxication and drug abuse,

Resources acquisition,

Socio-economic background,

Employment status of parents, level of parent education and home situation,

Socialisation,

A lack of opportunities,

Frustration and poverty,

Peer pressure,

Psychological issue and any other societal factors, etc.

During a state of disaster, GBV may have the following pathways²¹:

Economic insecurity and poverty-related stress,

Quarantines and social isolation,

Disaster and conflict-related unrest and instability,

Exposure to exploitative and coercive relationships due to changing demographics,

¹⁷ World Development Vol. 95, pp. 211–230, 2017. Resources and Intimate Partner Violence in Sub-Saharan Africa.

¹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4123456/>

¹⁹ Aizer, A. 2020. The Gender Wage Gap and Domestic Violence

²⁰ Macmillan, R. and Gartner, R. 1999. When She Brings Home the Bacon: Labor Force Participation and the Risk of Spousal Violence Against Women.

²¹ Kabonesa, C. and Kindi, F.I

Reduced health service availability and access to first responders,

Inability of women to temporarily escape abusive partners,

Virus-specific sources of violence, etc.

Although there is an array of reasons contributing to GBV, alcohol consumption has been found to have the potential to affect family dynamics. This paper will attempt to review and put forward evidence related to GBV and alcohol consumption as one of the contributing factors. The synthesis report was aimed at contributing to the public debate and decision making during the Covid-19 pandemic.

3.4 Links between alcohol use and violence

A number of individual and societal factors may contribute to the association between alcohol use and violence. According to the World Health Organisation, strong links have been found between alcohol use and intimate partner violence in many countries. Evidence suggests that alcohol use increases the occurrence and severity of domestic violence²². Individuals that drink heavily and frequently are argued to have an increased risk of violence. Evidence from a WHO report suggests that heavy and frequent drinkers are at increased risk of victimization. Problematic use of alcohol is further argued to be a risk factor for violent or severe intimate partner violence among men with antisocial personality disorder²³. A number of studies have also begun to point to community access as well as the density and traits of alcohol outlets as strong predictors of violence in communities^{24; 25}.

Studies in criminology have consistently found that intoxication was presented in half to two-thirds of homicides, a quarter to a half of serious assaults, and more than a quarter of rape cases. Individuals likely to be violent are deemed also likely to abuse alcohol vis-à-vis. Harmful alcohol use is therefore, estimated to be responsible for 26 per cent of male and 16 per cent of female lost through homicide across countries²⁶. Numerous studies have found a direct association between alcohol use and sexual violence perpetration in diverse populations, including high school and college students, adolescent and adult sex offenders, community men and women, and among individuals in same sex relationships²⁷ (Abbey, 2014). Roughly half of all sexual assaults (reported and unreported) involve the consumption of alcohol by the perpetrator, victim, or both (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004). Literature suggests that between 34 per

²² Srivastava, R. and Harrisberg, K. 2020.

²³ WHO. 2006. Intimate partner violence and alcohol.
https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_intimate.pdf

²⁴ Lippy, C. and DeGue, S.

²⁵ Gorman, Speer, Gruenewald, & Labouvie, 2001; Toomey et al., 2012

²⁶ https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/pb_violencealcohol.pdf

²⁷ Tharp AT, DeGue S, Lang K, et al. Commentary on Foubert, Godin, & Tatum. 2010: the evolution of sexual violence prevention and the urgency for effectiveness.

cent and 74 per cent of sexual violence perpetrators used alcohol at the time of the assault... (Abbey, Ross, & McDuffie, 1994)²⁸.

Societal beliefs about alcohol consumption, gender roles and violent behaviour can also contribute to violent behaviour. For instance, in societies where heavy drinking and violence towards female partners are associated with masculinity, such patterns of behaviour will dominate. Societal beliefs and association of alcohol consumption with the expression of manhood and the association of aggression with being macho may motivate the use of alcohol to prepare to engage in violent behaviour²⁹.

According to a report by the World Health Organisation (WHO), dissatisfaction with a relationship and the perception that intoxication leads to aggression tend to increase the risk of committing violence towards a partner when intoxicated³⁰. Equally, beliefs that victims' drinking attracts violence towards self, shield offenders and increase victim blame and punishment³¹.

Gender-based research in the alcohol field suggests that many men abuse alcohol to assert their sense of "manliness" or to compensate for their insecurities about masculinity³². In the Philippines, for example, a study found that in order for men to reinforce their sense of masculinity, they turned to alcohol, drugs and violent actions hence spent their "pastime" smoking or using intoxicants. These activities were deemed important social forums for 'macho' men³³.

"... drugs and alcohol impact significantly on the incidence of violence in family situations. Invariably women are brutalised by their male partners when in a drunken stupor or under the influence of habit-forming drugs. In some instances, women develop an attitude of resignation to the inevitable beating, which will be administered when their partners return home at the end of the day in an intoxicated condition... physical violence [is regarded] as an expression of the male macho" 34.

Alcohol consumption as a direct link of intimate partner violence is however, often a contested territory. Available evidence that however, supports the relationships between alcohol and intimate partner violence includes arguments that:

Alcohol use directly affects cognitive and physical function, reducing self-control and leaving individuals less capable of negotiating a non-violent resolution to conflicts within relationships

²⁸ <https://pubmed.ncbi.nlm.nih.gov/25403447/>

²⁹ https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/pb_violencealcohol.pdf

³⁰ WHO. 2006. Intimate partner violence and alcohol.
https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_intimate.pdf

³¹ WHO. 2006. Intimate partner violence and alcohol.
https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_intimate.pdf

³² Gondolf, E.W. 1995. Alcohol Abuse, Wife Assault, and Power Needs.

³³ <http://www.diva-portal.org/smash/get/diva2:1189449/FULLTEXT01.pdf>

³⁴ Bernard, J.D. 2006. <https://ccj.org/papersandarticles/07-Confronting%20Gender-Based%20Violence%20%2029%2011%2006.pdf>

Excessive drinking by one partner can exacerbate financial difficulties, childcare problems, infidelity or other family stressor, which can create marital tension and conflict, increasing the risk of violence occurring between partners.

Individual and societal beliefs that alcohol causes aggression can encourage behaviours after drinking and alcohol can be used as an excuse for violent behaviour.

Experiencing violence within a relationship can lead to alcohol consumption as a method of coping or self-medicating.

A United Nations Children's Fund (UNICEF) Report, argues that there is a common link between domestic violence and child abuse with about 40 per cent child abuse victims also found to report domestic violence in the home ³⁵. Children who witnesses violence or threats of violence between parents, are further more likely to display harmful drinking patterns later in life ³⁶.

Some of the contestations about the association between violence and alcohol abuse are also based on the argument that there may be other additional factors such as low socio-economic status and impulsive personality, which may account for the presence of either violence or abuse. It is also argued that frequent and heavy drinking can also create unhappy and stressful environments that may increase the risk of conflict and violence. There therefore, can be a reciprocal influence between alcohol and violence where alcohol contributes to violence and stress as a result of violence influences alcohol consumption.

In Argentina, it has also been found that there is a growing culture to use alcohol as an excuse for partner abuse ³⁷. It is therefore, within such parameters that some authors dispute the association between alcohol intake as a contributor to violence. It is on such basis that President Cyril Ramaphosa cautioned a deterministic association between alcohol and violence; arguing that alcohol in and of itself does not rapes and/or kill but that such acts of violence are those of 'violent men'. He further proposed that if alcohol intoxication has a contributing factor to such crimes, it ought to be addressed urgently.

Srivastava and Harrisberg also reiterated that even though alcohol and domestic violence tend to go hand in hand, this should not be mistaken to mean that alcohol is a root cause of domestic violence or an excuse since this type of violence is about power and control and is based on the abuser's choice. They however, highlight that the WHO deems alcohol as a contributing factor amongst other factors that may increase the frequency and severity of the violence as it reduces self-control and the capability of negotiating ³⁸.

3.5 Links between Gender-Based Violence and pandemics

In a state of emergency, GBV cases tend to increase as a result of the uncertainty and insecurity experienced. As individuals are locked down, the feelings of insecurity, disempowerment and lack of control as a result of the pandemic starts to sink in. The level of stress may rise as a result of this, and for some individuals without healthy alternative means of dealing with stress; unhealthy and distractive means may ensue, such

³⁵ UNICEF. Behind Closed Doors: The Impact of Domestic Violence on Children. <http://www.unicef.org/protection/files/BehindClosedDoors.pdf>

³⁶ https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf

³⁷ https://ec.europa.eu/health/sites/health/files/alcohol/docs/alcohol_lib24_en.pdf

³⁸ Srivastava, R. and Harrisberg, K. 2020.

as drinking and violence. Molin's conducted a study in the Philippines that identified the loss of livelihoods and the lack of coping mechanisms by males as some of the aggravating factors associated with an increased risk of GBV post disasters ³⁹.

Increased financial stress, job loss, restricted movement during a pandemic imply that victims are kept in close and constant contact with perpetrators, especially if perpetrators are within the same household. Restriction on movement and fear of contracting the virus have also been deemed to be some of the instruments that perpetrators utilise to isolate victims from social support networks.

We know that domestic violence is rooted in power and control, says Ray-Jones. Right now, we are all feeling a lack of control over our lives and an individual who cannot manage that will take it out on their victim ⁴⁰.

As countries redirect resources to fight the pandemic, access to protective and healthcare services during such periods becomes difficult. It is therefore argued that women tend to bear the brunt and find themselves in compromised and financial dependent situations where the dependence may be used by perpetrator as another form of control ⁴¹.

3.5.1 Gender-Based Violence during a State of the National Disaster and Lockdown: The South African case

A media statement by the Police Minister Bheki Cele highlighted that over 2 300 calls or complaints had been registered since the lockdown until the end of March. The calls and complaints between January and the end of March 2020 were said to be close to 16 000 (15 924). It was however, highlighted that reports and figures of calls and complaints received through the GBV Command Centre had not yet been consolidated ⁴². The rape of women in temporary camps that were erected for the homeless as part of the Covid-19 response were reported during the lockdown in the country ⁴³. The Helen Suzman Foundation asserted that the National Gender-Based Violence Command Centre received triple the number of calls since the lockdown as reflected below:

Three days into South Africa's lockdown, a 75-year-old woman in Pietermaritzburg was gang raped and murdered by a group of men posing as South African National Defence Force soldiers coming to sanitise her home. On 2 April 2020, a 14-year-old girl from Dobsonville left her home to do essential shopping for her family a week into the lockdown. She never returned home but was instead found raped and mutilated under a tree in eMndeneni Extension ⁴⁴.

³⁹ Molin, J. 2018. https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/07/17072018-SGBV-Report_Final.pdf.pdf

⁴⁰ <https://time.com/5803887/coronavirus-domestic-violence-victims/>

⁴¹ <https://hsf.org.za/publications/hsf-briefs/gender-based-violence-in-the-time-of-corona>

⁴² <https://www.timeslive.co.za/news/south-africa/2020-04-06-hunger-poverty-and-lockdown-adds-up-to-domestic-violence-crisis/>

⁴³ Heieck, J. 2020. Gender Based Violence during the COVID-19 Pandemic and economic, social and cultural rights

⁴⁴ <https://hsf.org.za/publications/hsf-briefs/gender-based-violence-in-the-time-of-corona>

In May 2020, the Institute of Security Services (ISS) highlighted that data from the South African Police confirmed a reduction in reported domestic violence cases. The article stated that the Minister of Police indicated that the national picture reflected a 69.4 per cent decrease in the number of cases; from 9 990 cases between 29 March and 22 April last year to 3 061 cases between the lockdown till 20 April 2020 (a difference of 6 929)⁴⁵. A media briefing by the Minister of Police did highlight that when the 2019 and 2020 statistics are compared, a sharp decrease in reported cases was experienced between the period of the first lock down; 27 March until 21 May 2019 and 2020. The number of reported domestic violence cases decreased from 21 033 in 2019 to 6 651 during the lockdown period. He did however, point out that there are possibilities of none reporting for different reason⁴⁶.

According to Haegeman and Vlahakis (2020), the South African GBV Command Centre reported an increase in calls to the Centre during the lockdown⁴⁷ but a decrease as the lockdown regulations were eased:

During Level 5 of the lockdown, between 27 March to 30 April, the centre received 22 112 telephone calls... a total of 842 tickets logged dealt with GBV, while 2 674 dealt with non-GBV issues.

As regulations eased to Level 4 lockdown between 1–31 May, the centre received 13 752 telephone calls... and approximately 585 of the tickets logged were GBV-related.

During the period of 1-19 June, under Level 3 of the lockdown, the centre received 8 205 calls... a total of 406 tickets logged related to GBV⁴⁸.

The claims that there was a surge in reported GBV cases during the South African lockdown was however, refuted by the Minister of Police, Bheki Cele, who stated that he had noted this exaggerated claim in media reports. The Minister of Police clarified how SAPS defines GBV, which could also have contributed to the claims of the surge. He stated that GBV refers to all crimes against women, children and the lesbian, gay, bisexual, transgender, queer/questioning, intersex (LGBTQI) communities. He further clarified that in measuring the impact of the lockdown on homes and families, cases of domestic violence (i.e. sexual assault, rape, pointing of firearm, murder, attempted murder, assault) were used⁴⁹.

The table below illustrates the number of calls, SMSs and please call messages received by the GBV Command Centre but this does not highlight, which of these were GBV related.

⁴⁵ <https://issafrica.org/iss-today/gender-based-violence-during-lockdown-looking-for-answers>

⁴⁶ Media briefing, Minister of Police, General Bheki Cele, May 22, 2020 Update on the levels of compliance and adherence to the Covid-19 lockdown regulations in the country: <https://www.saps.gov.za/newsroom/msspeechdetail.php?nid=25968>

⁴⁷ Haegeman, E & Vlahakis, M. 2020. Secondary impacts of COVID-19 on violence against women and girls (VAWG) in Sub-Saharan Africa. Helpdesk Research Report No. 308. London, UK: VAWG Helpdesk.

⁴⁸ <https://www.news24.com/news24/SouthAfrica/News/calls-to-gbv-centre-slowly-dropped-as-regulations-were-eased-statistics-show-20200623>

⁴⁹ <https://www.saps.gov.za/newsroom/msspeechdetail.php?nid=25968>

Table 3: GBV Command Centre Call Statistics Report

GBV Command Centre Call Statistics Report			
Date	Telephone Calls Received	USSD's Received (please call me facility)	SMS's Received
10 September 2020	394	21	19
Lockdown: Level 2 18 Aug – 10 Sep 2020	15 369	587	1 987
Lockdown: Level 3 01 Jun – 17 Aug 2020	50 315	4 932	9 209
Lockdown: Level 4 (01 - 31 May 2020)	13 752	1 021	569
Lockdown: Level 5 (27 Mar – 30 Apr 2020)	22 112	2 551	1 231
January to Date	1158 139	11 957	13 947

Table 3 above illustrates that the highest number of calls were between 01 June and 17 August 2020 (n = 50 315), followed by the period of the first lockdown (n = 22 112). Even SMSs and please call messages were highest within the same periods. It should however, be noted that the Level 3 period is a period of about six weeks, whereas the other periods are about four weeks.

Table 4 below, illustrates the number of GBV and non-GBV cases that were logged in the different provinces during the first lockdown period (27 March – 30 April 2020).

Table 4: Provincial Report: Tickets Logged & Referred During Lockdown

Provincial Report: Tickets Logged & Referred During Lockdown			
27 March - 30 April 2020 - level 5 province	GBV	Non - GBV	Referred
Eastern Cape	36	227	6
Free State	30	100	2
Gauteng	385	932	36
KwaZulu - Natal	114	652	16
Limpopo	50	165	4
Mpumalanga	76	194	3
North West	48	119	4
Northern Cape	9	25	0
Western Cape	94	260	18
27 March – 30 April 2020 – Level	842	2 674	89
01 - 31 May 2020 – level 4	585	1 387	144
01 June – 17 August 2020 – level 3	1 702	3 834	405
18 August – 10 September 2020 – Level 2	523	940	98

As illustrated in Table 4 above, the highest number of GBV reported cases during the first lockdown period were in the Gauteng Province (n = 385), followed by KwaZulu Natal (n = 114) and Western Cape (n = 94). Northern Cape (n = 9), followed by the Free State (n = 30) and Eastern Cape (n = 36) had the lowest number of reported cases. Most reported cases and calls in general therefore, seemed to be from urban provinces during the first lockdown.

The latter parts of the table illustrate that the highest number of calls in general and GBV (n = 1 702) calls specifically, similarly to the GBV Command Centre report, occurred during Level 3; the period between 01 June – 17 August 2020, followed by the period of the first lockdown; between 27 March and 30 April 2020 (n = 842).

According to the Police General, Minister Bheki Cele the 'so called increase' was but the number of calls made to the GBV Command Centre by distressed individuals and not the number of GBV reported cases. The Police General stated that there are possibilities of none reporting for different reason and urged victims/survivors to report or approach the courts for protection orders and also urged neighbours to alert the police of any suspicions ⁵⁰.

Ndileka Mandela, who supports women in abusive relationships, argued that a number of women trapped at home may be unable to call for help⁵¹. On 15 July 2020, during a briefing session by the Ministers of the Justice, Crime Prevention and Security Cluster (JCPS), it was Minister highlighted that general crime and violence increased after the easing of the lockdown regulations. There was also a concern of the increased attacks and murder of women and children ⁵². The reduction in calls has been attributed to the ease in restriction and the increase in actual GBV cases on the other hand, has been attributed to the ease in lockdown regulations and alcohol sales ⁵³. Women's Right Organisations and movements have warned that whilst official reporting might be down, violence is not ⁵⁴.

An Institute for Security Studies (ISS) report asserted that hospital trauma units saw a trend of reduced trauma cases, with the Medical Research Council reporting a 66 per cent reduction in trauma cases presented in the country's hospitals since the lockdown (some of which would have been GBV-related). The ISS supposes that the most likely explanation for the reduction in the severity of GBV cases was the ban on alcohol sales and lockdown effects ⁵⁵. A spokesperson from Sonke Gender Justice attributed alcohol as one of the contributing factors to the spike in violence against women. The representative further recommended

⁵⁰ Media briefing, Minister of Police, General Bheki Cele, May 22, 2020 Update on the levels of compliance and adherence to the Covid-19 lockdown regulations in the country: <https://www.saps.gov.za/newsroom/msspeechdetail.php?nid=25968>

⁵¹ <https://hsf.org.za/publications/hsf-briefs/gender-based-violence-in-the-time-of-corona>

⁵² <https://www.saps.gov.za/newsroom/msspeechdetail.php?nid=26797>

⁵³ <https://www.globalcitizen.org/en/content/gender-violence-Covid-19-lockdown-south-africa/>

⁵⁴ Trapido, 2020

⁵⁵ <https://issafrica.org/iss-today/gender-based-violence-during-lockdown-looking-for-answers>

that Government regulates alcohol sales, further arguing that meaningful GBV interventions ought to be multifaceted⁵⁶.

3.5.2 Gender-Based Violence during a State of the National Disaster and Lockdown: International cases

Within two weeks of the lockdown, GBV cases and violence were increasingly reported. Countries such as Australia, Brazil, China and the United States reported an increase in GBV cases in mid-March 2020. Studies by UNFPA (2020), IFRC and RCS (2015), and ODI (2016) posit that GBV during outbreaks is a function of pre-existing gender inequality which gets reinforced and aggravated during emergency or disaster situations. ODI (2016) for instance, noted that disasters/emergency situations affect social relations. For example, emergencies/disasters may catalyse family and community bonds and solidarity to cope and recover from the situation, on one hand, whilst on the other hand, disaster may catalyse an aggravation of pre-existing gender inequalities such as violence against vulnerable groups. In most cases, however, emergencies or crisis related situations tend to lead to the latter relations, where women and girls become subjected to various forms of violence⁵⁷.

Increased stress levels, economic and food insecurity, unemployment, and movement restrictions have been deemed as creating conducive conditions contributing to the significant increases in domestic violence as response to the global pandemic increases in scale⁵⁸. In China, the number of domestic violence cases reported to the local police tripled in February 2020 compared to the previous year⁵⁹. In the US, the domestic violence hotline calls doubled during the lockdown and it was argued a growing number of individuals that called reported that COVID-19 was used as a tool by abusers to further control and isolate victims⁶⁰.

Data from many countries during the pandemic suggests significant increases in domestic violence cases, especially among marginalized groups. In Ethiopia, it was reported that more than 500 girls that were abducted into child marriage in northern parts of the country since schools were shut due to COVID-19, were rescued⁶¹. Evidence from Sierra Leone during the Ebola outbreak showed that adolescent pregnancy increased by up to 65 per cent in some communities as a direct result of being outside the protective environment provided by schools⁶². As a result of the outbreak, there was also a severe disruption in GBV

⁵⁶ <https://www.globalcitizen.org/en/content/gender-violence-Covid-19-lockdown-south-africa/>

⁵⁷ Kabonesa, C. and Kindi, F.I. 2020. Assessing the relationship between gender based violence and COVID-19 pandemic in Uganda <https://www.kas.de/documents/280229/8800435/Assessing+the+Relationship+between+Gender-based+Violence+and+the+COVID-19+Pandemic+in+Uganda.pdf/8d5a57a0-3b96-9ab1-a476-4bcf2f71199d?version=1.0&t=1588065638600>

⁵⁸ http://www.spotlightinitiative.org/sites/default/files/publication/Key_Messages_VAWG_and_COVID-19_Spotlight_Initiative_0.pdf

⁵⁹ <https://ccj.org/papersandarticles/07-Confronting%20Gender-Based%20Violence%20%2029%2011%2006.pdf>

⁶⁰ http://www.spotlightinitiative.org/sites/default/files/publication/Key_Messages_VAWG_and_COVID-19_Spotlight_Initiative_0.pdf

⁶¹ Wuilbercq, 2020

⁶² Giannini & Albrechtsen, 2020

services in the public health system as resources and personnel were redirected where a 19 per cent increase in women and girls accessing their health, counselling and case management services was experienced as compared to the months before the crisis ⁶³. In Zimbabwe, there were also reports of child marriage during the lockdown. Musasa reported that during the first 11 days of the lockdown they received 764 reported cases of GBV, a slightly higher number than the 500-600 cases that tend to be reported per month ⁶⁴.

Some high and middle-income countries, such as United States, Australia, Germany and France have had significant increases in reported domestic violence cases since the COVID-19 outbreak. The UN Women analysis of the gendered impacts of COVID-19 found an increase in GBV in Palestine. In Latin America and countries such as Mexico and Brazil, a surge in calls to hotlines was posited to be indicative of an increase in domestic abuse. In the city of Jingzhou in China, the police received three times as many domestic violence calls in February 2020 compared to the same period in 2019 ⁶⁵.

Countries such as Argentina, Cyprus, France, Kosovo, Northern Ireland and Singapore were also identified to have experienced an increase in GBV cases of between 17 to 33 per cent during the lockdown. Tunisia was asserted to have experienced a five-fold increase in GBV cases since lockdown and countries such as Canada, Germany, Spain, UK and USA were also seen posited to have observed an increased demand for shelters ⁶⁶. It has therefore, been argued that individuals in abusive relationships were trapped with their abusers who in certain instances, isolated them from their social networks and other useful resources during the mandatory lockdowns. Whilst governments aimed to curb the spread of COVID-19 by introducing lockdown, unintended consequences were therefore experienced ⁶⁷.

Countries such as Chile and Bolivia however, had a decrease in GBV reports. The United Nations and local prosecutors associated the drop to the restrictions in movement and the inability or hesitation to seek help and report cases ⁶⁸.

Gould (2020) did a comparison of lockdown regulations in terms of the banning of alcohol and highlighted that in the United Kingdom where alcohol sales were not banned and lockdown was not enforced by the police, GBV cases increased dramatically. He stated that Britain showed a 700 per cent increase in victim calls and an increase of 25 per cent of calls from men wanting to change their behaviour ⁶⁹.

⁶³ Risso-Gill and Finnegan, 2015

⁶⁴ Sachiti, 2020

⁶⁵ <https://www.cfr.org/in-brief/double-pandemic-domestic-violence-age-COVID-19>

⁶⁶ Ryan, J, 2020 <https://www.uwc.ac.za/News/Pages/OPINION-Breathing-through-the-wound-Gender-based-violence-during-the-COVID-19-lockdown.aspx>

⁶⁷ <https://www.kas.de/documents/280229/8800435/Assessing+the+Relationship+between+Gender-based+Violence+and+the+COVID-+Pandemic+in+Uganda.pdf/8d5a57a0-3b96-9ab1-a476-4bcf2f71199d?version=1.0&t=1588065638600>

⁶⁸ <https://www.cfr.org/in-brief/double-pandemic-domestic-violence-age-COVID-19>

⁶⁹ <https://issafrica.org/iss-today/gender-based-violence-during-lockdown-looking-for-answers>

It has been argued that the increase in GBV cases amidst the pandemic highlight the importance of not downplaying GBV as an important consideration during health-related epidemics. The statement made by President Cyril Ramaphosa when he deemed GBV, as the country's second pandemic seems to expound this notion.

3.6 Contextual Analysis: Alcohol abuse and violence

Socio-anthropologic studies have established that alcohol consumers react differently to intoxication. According to one explanation, people in different cultures have learned to react in different ways when drinking. Regardless of the context though, alcohol use leads to a kind of tunnel vision, where the drinker may misinterpret signals and sensory impressions from his surroundings⁷⁰. On a societal level, Ingeborg Rossow, a Norwegian researcher who has studied alcohol and violence for a long time asserts that there is a crystal-clear connection between the amounts of alcohol consumed and the level of violence in the community and at an individual level.

3.6.1 The South African case

About 65 per cent of women that had experienced spousal abuse within the last twelve months in South Africa had also reported partner intoxication before the assault. Mazars asserts that evidence in South Africa exists that illustrate the association between drinking and increase in the chances of men perpetrating physical intimate and sexual assault⁷¹. A prospective study⁷² on Mental health and sexual risk behaviours conducted in the Eastern Cape; South Africa concluded that about 24 per cent of all rapes could have been prevented if perpetrators had not been intoxicated.

A postgraduate student from the University of the Western Cape⁷³ wrote an article titled, 'We need a lockdown on toxic masculinities' during the South African lock down. In this article, a highlight of the extent of GBV alleged surge in reported cases was highlighted; an 87 000 GBV cases reported during the first week of the lockdown. The article argues that in times of uncertainty and income loss, anger and violence spark. The article further argues that GBV is indicative of toxic masculinity, which is constructed around power and dominance and "a product of a society that has normalised violence and made aggression synonymous with being male". Toxic masculinity is expressed when the notions and ideals of manhood have dire consequences for the individual men, society and individuals around them (Morrell, 1998). Toxic masculinity is therefore, deemed a major contributor to GBV and sexual violence⁷⁴.

⁷⁰ https://ec.europa.eu/health/sites/health/files/alcohol/docs/alcohol_lib24_en.pdf

⁷¹ https://www.saferspaces.org.za/uploads/files/Stop_Violence_Against_Women_-_Report.pdf

⁷² https://www.saferspaces.org.za/uploads/files/Stop_Violence_Against_Women_-_Report.pdf

⁷³ Tjemolane, Leballo, 2020-04-09: <https://www.news24.com/news24/columnists/guestcolumn/opinion-a-lockdown-on-toxic-and-outdated-masculinities-needed-more-than-ever-20200409>

⁷⁴ <https://www.saferspaces.org.za/understand/entry/toxic-masculinity-and-violence-in-south-africa>

Masculinity that is expressed in aggressive and violent behaviour as a legitimate way of asserting power and resolving conflict emanates when there is overcompensation as a result of insecure gender identity⁷⁵. This form of masculinity is defined as hyper masculinity and is expressed by Tjemolane as dominant in situations of uncertainty, such as the lockdown. Tjemolane therefore, identifies an opportunity for the South African society to use a gendered lens during periods of uncertainty to reflect on what it means to be a 'man' in South Africa.

...a man is a leader, a man is a provider, a man is strong and displays no vulnerability in any way and a man is not a natural nurturer. Ironically, in the persistently poor socio-economic environment, many South African men are deprived of fulfilling these predetermined roles and those that fail to be 'men' are judged for being useless, absent fathers, and untrustworthy (Tjemolane, 2020, par 5).

The nationwide COVID-19 lockdown is therefore argued to have exacerbated the so-called failure to be a 'man'. Professor Kopano Ratele (cited in Tjemolane, 2020) however, argues that there is still hope that violence can be ended and gender equality promoted if new progressive masculinities and family structures can be birthed and nourished. Hence a need to mobilise efforts in public health and global systems to manage the pandemic and address key drivers of GBV⁷⁶.

According to October (2018), there is a form of hegemonic masculinity that dominates a given society and is constantly reinforced in society by different institutions; within political spheres, mass media and corporate culture. In South Africa however, October argues that protest-masculinity is a form of masculinity that should be noted. This masculinity she argues, has characteristically been observed among poor, working class men who display hyper-masculine behaviour as a narcissistic means of combatting the sense of powerlessness and insecurity that comes as a result of their low socioeconomic status in society.

3.6.2 International cases

A Thai study revealed that about 70 to 80 per cent of cases of men that had been found to have beaten their wives or children had been intoxicated with alcohol. Studies from different parts of the world tend to conclude that high levels of alcohol consumption increase the risk of violence^{77; 78; 79}. Drinking at such high levels may also lead to many problems that, in turn, can become a breeding ground for violence. For example, if the father in the family spends the family's money on beer and liquor, he jeopardizes the whole family's financial situation. For those who already live in poverty, the consequences can be devastating.

⁷⁵ Hong, L. 2000. Toward a Transformed Approach to Prevention: Breaking the Link Between Masculinity and Violence. *Journal of American College Health*, 48(6), 269–279.

⁷⁶ Tjemolane, Leballo, 2020-04-09: <https://www.news24.com/news24/columnists/guestcolumn/opinion-a-lockdown-on-toxic-and-outdated-masculinities-needed-more-than-ever-20200409>

⁷⁷ <http://www.diva-portal.org/smash/get/diva2:1189449/FULLTEXT01.pdf>.

⁷⁸ Heise, L. 1996

⁷⁹ Gondolf, E.W., 1995

A relationship between alcohol intoxication and intimate partner violence were identified in countries such as India, Uganda, Vietnam, China, USA, England, Botswana, Zimbabwe and South Africa. Furthermore, a multi-country study found alcohol consumption by a partner as a risk factor for physical intimate partner violence in Chile, India, Egypt, and the Philippines^{80; 81}. In the UK, 37 per cent of the 58 per cent of men imprisoned for rape were not only intoxicated prior to the offence but were also deemed dependent on alcohol.

Alcohol intoxication was attributed to between a third and/or half of violence cases in USA (35%), England and Wales (45%), China (50%) and South Africa (44%) according to a WHO study. About 55 per cent of physical assault cases in the US and 32 per cent cases in England and Wales were identified to be a result of an intoxicated partner. About 36 per cent of intimate partner homicide in Australia and 10.5 per cent in Russia were associated with alcohol consumption at the time of the incident.

A WHO Policy brief highlighted that 60–75 per cent of intimate partner homicides by male perpetrators in Russia had been drinking. Seventy-one (71%) per cent of victims of intimate partner violence in Iceland indicated that the intoxication of the male partner was the main contributor to an assault and 22 per cent of female intimate partners were deemed to have consumed alcohol before the violence. Victims of intimate violence that had consumed alcohol before the violence seemed to be at lower levels in comparison to the perpetrators. In Swiss, for example, a study found 9 per cent of incidents of intimate partner violence where the victims had been under the influence of alcohol as compared to 33 per cent of perpetrators⁸².

The risk of violence exposure for women that live with a man who is a heavy drinker in Costa Rica, increases ten times. Evidence from Latin American and Caribbean countries such as Chile, Haiti, Argentina, Nicaragua, Brazil and Peru also found a link between increased risks of violence and male partner intoxication⁸³.

Research from the US indicates that certain individual factors can increase the likelihood of violence on the part of any particular man including excessive alcohol use, a history of physical or sexual abuse within his own childhood, witnessing parental violence as a child and unemployment. None of these factors accounts for why women are so systematically the targets. Only the pervasive existence of cultural, economic, and social systems that subordinate women can explain the overall pattern of abuse⁸⁴.

3.7 Country cases: Alcohol-Related Violence

The relationship between alcohol consumption and violent behaviour towards women has been identified in a number of studies. Although levels of alcohol consumption, patterns of drinking and rates of interpersonal violence vary widely between countries and across all cultures, numerous studies have

⁸⁰ Srivastava, R. and Harrisberg, K.

⁸¹ <http://www.diva-portal.org/smash/get/diva2:1189449/FULLTEXT01.pdf>

⁸² https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/pb_violencealcohol.pdf

⁸³ https://ec.europa.eu/health/sites/health/files/alcohol/docs/alcohol_lib24_en.pdf

⁸⁴ <http://opiniojuris.org/2020/04/23/gender-based-violence-during-the-COVID-19-pandemic-and-economic-social-and-cultural-rights/>

identified strong links⁸⁵. The associated role that alcohol plays in aggressive and violent behaviour not only affects women but is extensive. It can be in the form of violence amongst the youth, violence of a sexual nature, violence with an intimate partner, child maltreatment and elder abuse. Alcohol consumption is also attributed to 11 per cent of global suicides; ranging from 2 per cent in the Middle East and North Africa to 31 per cent in Europe and Central Asia⁸⁶.

Cases of sexual violence against women in public spaces, including incidences involving substance abuse were reported by governments and civil societies during the COVID-19 crisis in the following countries: Canada, Chile, India, Kenya, London, Nigeria, the Philippines, Valparaiso, and the US⁸⁷.

3.7.1 Belarus

Belarus is one country that has been identified to have a substantial problem of alcohol abuse, which tends to lead violence within the family. A study conducted in 2008 found Belarus' annual alcohol consumption to be about 12.4 litres per person. The public prosecutor also found that about 65 per cent of all crimes within the home were related to alcohol intoxication higher⁸⁸. Another study found that the relationship between alcohol consumption per capita and the mortality rate as a result of violent was stronger for spirits than for other beverages in Belarus. The study estimated an 11.4 per cent increase in the homicide rate with a 10 per cent increase in spirit consumption per capita⁸⁹. The head of an emergency orphanage in the country, highlighted that about 83 per cent of children taken into custody in the orphanage come from families with alcohol abuse problems⁹⁰.

Belarus implemented a number of policy initiatives aimed at curbing the alcohol consumption problem. According to Grigoriev and Bobrova (2020), Belarus had inconsistent alcohol policies that had contrary results. Some of these policies included excise taxes and increase in the price of alcohol. The excise tax policy was argued to have contributed to the production of inexpensive 'fortified fruit wines' and the price increase policy was also argued to have contributed to improving the affordability of strong drinks. There was however, an anti-alcohol campaign that was launched in 2011, which contributed positively to declines in the consumption of alcohol and alcohol-related mortalities⁹¹.

⁸⁵ https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/pb_violencealcohol.pdf

⁸⁶ https://apps.who.int/iris/bitstream/handle/10665/77936/9789241500845_eng.pdf?sequence=1&isAllowed=y

⁸⁷ <https://www.aidsdatahub.org/sites/default/files/resource/unwomen-brief-Covid-19-and-ensuring-safe-cities-and-safe-public-spaces-women-and-girls-2020.pdf>

⁸⁸ https://ec.europa.eu/health/sites/health/files/alcohol/docs/alcohol_lib24_en.pdf

⁸⁹ https://www.euro.who.int/__data/assets/pdf_file/0011/98804/E88757.pdf

⁹⁰ https://ec.europa.eu/health/sites/health/files/alcohol/docs/alcohol_lib24_en.pdf

⁹¹ Grigoriev, P. & Bobrova, A. 2020.

<https://kopernio.com/viewer?doi=10.1111%2Fdar.13032&token=WzExODY3ODMsjEwLjExMTEvZGFyLjEzMDMyll0.Bx4ifMzxdWHT5UdZC0ht-1PrA-w>

3.7.2 Botswana

Data collected in 2003 from four treatment centres on behalf of the Botswana Epidemiology Network on Drug Use (BENDU), it was found that alcohol was the primary substance of abuse reported by patients. The most common type of alcohol consumed was homebrew because it was easily available and affordable. The study found that alcohol was perceived as the main contributing factor to the number of traumatic events and injuries reported at health facilities. Such injuries include violence caused by physical fights or attacks in which sticks, knives and spears are used and femicide. In certain jobs, in Botswana there is also a history of alcohol as a reward or payment for seasonal labour, where a taste for drinking is acquired ⁹².

Another study focusing on the relationship between GBV, alcohol and HIV/AIDS in Botswana found that gender-based violence was common in many households and seemed to be alcohol related in almost all cases. The study found that violence was dominant over weekends and month ends, when wages and salaries were paid. According to the study, the increased association between alcohol abuse and GBV emanates from the social acceptance of drunkenness as a condition for showing frustration and anger. The paper concludes that alcohol abuse in and of itself may not be the root cause of domestic violence but a contributing factor that acts in tandem with other factors such as stress as a result of social and economic hardships, wherein women more often than not are at the receiving end as a result of unequal gender relations ⁹³. Tsai et al also found an association between alcohol use and women victimization in Botswana, and associated these with the unequal position of women in society and their inability to provide sustenance. The study therefore, concluded that violence and social forces should be addressed in policies and programs targeted at preventing GBV ⁹⁴.

3.7.3 Brazil

A study conducted in Sao Paulo in 1999 found that alcohol was involved in 18 000 homicides. In Curitiba, an analysis of 130 of the homicides found that 54 per cent of the victims and 60 per cent of the perpetrators were under the influence of alcohol during the crime. It also found that neighbourhoods that had a number of bars and alcohol outlets per capita experienced more violence. The study also found that the introduction of curfews on the sale of alcohol resulted in a significant decrease in murders and proposed for the restriction of alcohol availability in order to reduce consumption and associated harm. The results of the study however, did not support that increasing availability will reduce the problem ⁹⁵.

⁹² https://www.who.int/substance_abuse/publications/en/botswana.pdf

⁹³ Phorano, O., Nthomang, K & Ntseane, D. 2005. Alcohol abuse, gender-based violence and HIV/AIDS in Botswana: establishing the link based on empirical evidence. <https://www.tandfonline.com/doi/pdf/10.1080/17290376.2005.9724842>

⁹⁴ Tsai, A.C., et al. 2011. Prevalence and Correlates of Forced Sex Perpetration and Victimization in Botswana and Swaziland. https://www.researchgate.net/publication/51052088_Prevalence_and_Correlates_of_Forced_Sex_Perpetration_and_Victimization_in_Botswana_and_Swaziland.

⁹⁵ Duailibi, S., et al.

Community-oriented policing (COP) strategies in Brazil have been found to reduce drug-related violence, especially in cases where there is confidence in public officials ⁹⁶.

3.7.4 Caribbean

Drugs and alcohol have been indicated to significantly contribute to the incidence of violence in families in the Caribbean. Some authors have highlighted that there tends to be an attitude of resignation to violence amongst women, which at times can be linked with a myth that women enjoy physical violence as an expression of affection, sexual appeal and being 'macho' ^{97; 98}. Under-reporting of violence within the home has been linked to the perception that what occurs in the home is private; feelings of guilt and self-blame for deserving to be battered because of some wrong doing and further abuse, deprivation, shame and/or embarrassment as a result of speaking out, which is occasionally glorified in dance music halls.⁹⁹

Morrison (2004) conducted a review of GBV interventions in the Caribbean and he argues that the role played by cultural norms is bigger in the overall levels of violence in communities and therefore, proposes community-based educational activities that focus on empowering individuals about their social and human rights and responsibility to report abuse ¹⁰⁰.

3.7.5 India

Intimate partner violence (IPV) has emerged as one of the most common forms of gender-based violence around the world and particularly in India. In India, there seems to be a common thread in research studies conducted both in rural and urban settings in India of an association between women's participation in employment or related activities with greater reporting of domestic violence. In contrast, regular employment of women in a southern state of Kerala, it was however, found that women with stable employment were less likely to report physical domestic violence as compared to unemployed women ¹⁰¹.

Results of study showed that the odds of experiencing physical and/or sexual violence were 1.5 times higher if a husband consumed alcohol and was drunk more often. The study also showed that the odds of experiencing emotional, severe physical, and sexual violence were higher amongst women that scored higher in the empowerment scale. Women in several regions in India who argue that drinking fuels domestic violence and rape and contributes to poverty and squandering of the family income have campaigned for

⁹⁶ Roberts, B.R. and Chen, Y. 2013

⁹⁷ Bernard, J.D. 2006. Confronting gender-based violence in the Caribbean. <https://ccj.org/papersandarticles/07-Confronting%20Gender-Based%20Violence%20%2029%2011%2006.pdf>

⁹⁸ <https://www.caribbeannewsglobal.com/alcohol-is-not-a-root-cause-for-abuse-its-a-trigger/>

⁹⁹ Bernard, J.D. 2006. Confronting gender-based violence in the Caribbean. <https://ccj.org/papersandarticles/07-Confronting%20Gender-Based%20Violence%20%2029%2011%2006.pdf>

¹⁰⁰ Morrison, A, 2004. Addressing Gender-Based Violence in the Latin American and Caribbean Region: A Critical Review of Interventions <http://documents1.worldbank.org/curated/en/159411468774549266/pdf/wps3438.pdf>

¹⁰¹ Parekh. A & Prayogshala. M. The effect of partners' alcohol consumption and women's empowerment on intimate partner violence in India. <https://www.monkprayogshala.in/>

the ban on liquor. There are a few states in India, that have banned or restricted alcohol sales. Whilst others argue that these interventions have assisted in reducing domestic abuse, others argue that alcohol consumption has been displaced underground ¹⁰².

3.7.6 Mexico

A study conducted in Mexico found that males were significantly more likely than females to drink both frequently and heavily and were more likely to report problems with friends, a regretted sexual encounter, or having a physical fight as a result of being intoxicated. The study also found that males drank more than twice and drank more than five drinks in a single occasion at least once in the past year as compared to female. The study asserted that there seems to be a pattern of common consumption pattern of infrequent alcohol intake but sporadic heavy drinking as a common drinking pattern in Mexico ¹⁰³.

In Mexico, alcohol abuse has been traditionally identified as a strong contributor to intimate partner violence, with a relative risk of physical violence that is 3.3 times higher for women whose partner drinks every day compared to non-drinkers. In this country, it is asserted that every second woman has suffered violence at the hands of her partner and of these cases, two thirds, involved alcohol. The risk of injury from physical assault and rape and severe physical aggression among women who reported IPV were found to increase when the perpetrator was under the influence of alcohol: 58 per cent when intoxicated and 37 per cent when sober¹⁰⁴. Men who drink alcohol as compared to non-drinkers have been argued to have a higher propensity (8 times greater) for physical violence toward their partners on the days they drink ^{105; 106; 107}.

Studies in Mexico found that an opportunity to increase income amongst women either through direct grants and/or micro loans had positive effects in the reduction of violence. This study therefore, highlighted the link between dependent relationships as imposing a higher risk of violence exposure ¹⁰⁸.

In order to inform interventions focused on reducing negative impacts of alcohol, it was posited that there is a need to understand and identify factors that contribute to cultural and gender differences in the population ¹⁰⁹.

¹⁰² Srivastava, R. and Harrisberg, K.

¹⁰³ Chedekel, L. 2015. Study Reveals Links Between Drinking, Violence in Mexico. <https://www.bu.edu/sph/news/articles/2015/study-reveals-links-between-drinking-violence-in-mexico/#:~:text=Young%20people%20in%20Mexico%20who,School%20of%20Public%20Health%20researchers>.

¹⁰⁴ Bandara, T., et al. 2012. Incidence of Male Alcohol and Other Drug Abuse and Physical Violence Against Pregnant Women in Ciudad Juárez, Mexico

¹⁰⁵ Bandara, T., et al. 2012. Incidence of Male Alcohol and Other Drug Abuse and Physical Violence Against Pregnant Women in Ciudad Juárez, Mexico

¹⁰⁶ Medina-Mora, Berenzon, and Natera (1999).

¹⁰⁷ Fals-Stewart. 2003.

¹⁰⁸ Bandara, T., et al.

¹⁰⁹ Chedekel, L. 2015. Study Reveals Links Between Drinking, Violence in Mexico. <https://www.bu.edu/sph/news/articles/2015/study-reveals-links-between-drinking-violence-in-mexico/#:~:text=Young%20people%20in%20Mexico%20who,School%20of%20Public%20Health%20researchers>.

3.7.7 South Sudan

According to Elias (2007), Southern Sudan has a few reputable studies on GBV. These studies have however, identified evidence of widespread domestic violence, including forced marriages, wife inheritance, genital mutilation, sexual harassment and assault ¹¹⁰. Prolonged conflict and decades of war have exacerbated the level of violence in the country and created new security risks, especially for women and children. One in 3 women are said to have experienced non-partner sexual assault and over 50 to 65 per cent have been argued to have experienced intimate partner violence ¹¹¹. The country lacks GBV-related legislations and targeted funding to support GBV related activities in southern Sudan ¹¹². Hove and Enock argue that the South Sudan has had a history of a lack of a system of accountability aimed at redressing human rights abuses. "The pervasiveness of small arms, excessive drinking of alcohol by men, the hypermasculinity caused by men's war experiences as combatants, and importantly the failure by both civil law and customary law to redress women victims of GBV rendered domestic violence against women prevalent (Specht, 2013)". The surge in domestic violence was ascribed to the disempowerment as a result of the conflict, wherein men, "force themselves on their wives" to "service them well" (Stern, 2011) ¹¹³. John et al. argues that the lack of access to regular social networks and sources of social support, exacerbates women and girls' vulnerability in crises ¹¹⁴.

In order for South Sudan to curb GBV, it is proposed that the country would need to bridge the gap between customary law and civil law in articulating women's rights; educate both men and women and remove barriers to participation and improve equitable representation in the decision-making processes ¹¹⁵.

3.7.8 Thailand

Thailand has the highest alcohol per capita consumption in comparison to other countries in the South-East Asian region and consumes above the global average of 6.4 litres of pure alcohol per year. Alcohol consumption is a major contributor to health risk factors in Thailand and there is a growing concern about its negative impacts on lives, violence and/or intimate partner violence and birth defects ¹¹⁶. A study

¹¹⁰ Elia, L. 2007. Fighting gender-based violence in South Sudan. https://www.researchgate.net/publication/292639259_Fighting_Gender-Based_Violence_in_South_Sudan

¹¹¹ John, N; Casey, E.S, Carino, G & McGovern, T. 2020. Lessons Never Learned: Crisis and gender-based violence. <https://onlinelibrary.wiley.com/doi/full/10.1111/dewb.12261>

¹¹² Elia, L. 2007. Fighting gender-based violence in South Sudan. https://www.researchgate.net/publication/292639259_Fighting_Gender-Based_Violence_in_South_Sudan

¹¹³ Hove, M. and Enock Ndawana, E. Women's Rights in Jeopardy: The Case of War-Torn South Sudan. 2017. <https://journals.sagepub.com/doi/pdf/10.1177/2158244017737355>

¹¹⁴ John, et al. <https://onlinelibrary.wiley.com/doi/full/10.1111/dewb.12261>

¹¹⁵ Hove, et al. <https://journals.sagepub.com/doi/pdf/10.1177/2158244017737355>

¹¹⁶ WHO. 2017. Moving Thailand's mountain of alcohol-related harm. <https://www.who.int/bulletin/volumes/95/7/17-020717/en/>

conducted in Thailand illustrated that most victims of domestic violence were injured by an intoxicated husbands or father, where physical force that resulted in injuries and death was used ¹¹⁷.

Thailand is one of the few developing countries that has passed a law aimed at reducing the negative effects of alcohol; the Alcohol Beverage Control Act of 2008. This law bans direct advertising of alcohol, the promotion of alcoholic beverages, the sale of alcohol at certain periods and days, and requires products sold in its markets to include a warning about alcohol reducing the ability to drive and a prohibition of the sale of alcohol to under 20s. The Thai National Health Assembly brought different sectors together and adopted a national strategic plan aimed at tackling alcohol-related harm. The Thai experience illustrates the importance of a collaborative approach (grassroots support, political commitment and scientific evidence)

¹¹⁸.

3.7.9 Uganda

A study conducted in Uganda found that 30 per cent of women had experienced physical threats or abuse from their partner. Three of five women that had reported physical threats or abuse also reported that they had experience acts of violence the preceding year, and slightly less than 50 per cent of these reported injuries as a result ¹¹⁹. In Uganda, in February, a total of 2344 GBV cases were registered, increasing to 2808 in March 2020 ¹²⁰. The consumption of alcohol by a male partner was identified to increase the risk of domestic violence. There was however, a dominant perception from both men (70%) and women (90%) that the battering of a wife or female partner was justifiable in some circumstances ¹²¹.

A study on sex workers in Uganda illustrated that whilst alcohol among male contributed to IPV and high levels of sexual-risk taking, alcohol consumption for women however, was identified by participants as an instrument they used to cope with social pressures. For example, some sex workers indicated that alcohol gave them the courage to cope with social stigma, protect against the cold and gave women the bravery to demand safe sex practices from clients. This study also indicated a higher likelihood of abuse if a partner was intoxicated. A number of men in the study admitted to perpetrating violence against their partner as a form of control or punishment for promiscuity or an inability to fulfil domestic chores ¹²².

Koenig argues that unless prevailing individual and community attitudes toward domestic violence is changed in Uganda, the country will struggle to progress in reducing levels of domestic violence ¹²³.

¹¹⁷ Tongsamsi, K. and T, A. Tongsamsi, 2015. Domestic Violence Resulting from Alcohol Use: An Analysis of Reports from Thai Daily Newspapers during 2006-2015. <https://kopernio.com/viewer?doi=10.1186%2Fs12905-015-0236-8&token=WzExODY3ODMsJjEwLjExODYvczEyOTA1LTAxNS0wMjM2LTgiXQ.DHo4W-nmk6wxkaqGf2OWJ2rh2HU>

¹¹⁸ <https://www.who.int/bulletin/volumes/95/7/17-020717/en/>

¹¹⁹ Koenig, M.A. 2003. Domestic violence in rural Uganda: evidence from a community-based study. <https://www.who.int/bulletin/Koenig0103.pdf>

¹²⁰ UN Women, 2020b

¹²¹ Koenig, M.A. 2003. Domestic violence in rural Uganda: evidence from a community-based study. <https://www.who.int/bulletin/Koenig0103.pdf>

¹²² Schulkind, J., et al. 2016

¹²³ Koenig, M.A. 2003. Domestic violence in rural Uganda: evidence from a community-based study. <https://www.who.int/bulletin/Koenig0103.pdf>

3.7.10 United Kingdom

In the United Kingdom (UK), before the coronavirus crisis, gender-based violence was already deemed as highly prevalent. According to the Institute of Alcohol Studies and the Faculty of Public Health, between 40 - 52 per cent of all violent crimes committed every year tend to be alcohol-related¹²⁴. It has been found that about 17 per cent of violent crimes in this state happen in or around a pub or club, over weekends and between 6pm and 6am. Administrative data from the police services in Northern Ireland collected between 2015 and 2016 found alcohol to be a contributory factor in 40 per cent of violent crime and 19 percent of all recorded crimes¹²⁵.

A public health approach to gender-based violence has been proposed for the UK. This approach includes surveillance and remote reporting and support, which are thought to provide opportunities for targeted support and interventions¹²⁶. The Faculty of Public Health proposes the sharing of intelligence and information to effectively address alcohol-related violence and also adopting a collaborative co-ordinated, partnership approach at different spheres (local and national levels). Some of the institutions identified as important to involve in such a coordinated approach include health, criminal justice, education, local authorities, the alcohol industry, voluntary organisations, the media and communities¹²⁷.

3.8 Effects of Gender Based Violence

The impact of intimate partner violence is wide-ranging. For the victim, health effects include physical injury (which for some women may lead to pregnancy complications or miscarriage), emotional problems that can lead to suicide, suicidal ideation and depression, and/or unhealthy coping mechanisms such as alcohol or drug abuse. In severe cases, the injuries sustained can be fatal¹²⁸. Victims' relationships with significant others such as family members, friends, work colleagues and future intimate partners as well as their ability to work or attend school may also be affected. Furthermore, children who witness violence (including threats of violence) between their parents are more likely to develop violent and delinquent behaviours during childhood and heavy drinking patterns or alcohol dependence later in life, further increasing their risk of becoming perpetrators of violence in life¹²⁹.

The economic costs of partner violence include those to health care and judicial systems, refuge and lost earnings. Estimated costs for selected countries are:

¹²⁴ http://www.ias.org.uk/uploads/pdf/Women/bs_alcohol_violence.pdf

¹²⁵ <http://www.ias.org.uk/Alcohol-knowledge-centre/Crime-and-social-impacts/Factsheets/Alcohol-related-crime-in-the-UK-what-do-we-know.aspx>

¹²⁶ www.thelancet.com/public-health Vol 5 June 2020

¹²⁷ http://www.ias.org.uk/uploads/pdf/Women/bs_alcohol_violence.pdf

¹²⁸ https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_intimate.pdf

¹²⁹ https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf

South Africa: An estimated cost of between 0.9 per cent and 1.3 per cent of GDP, which is between R28.4 billion and R42.4 billion per year¹³⁰.

United States: US\$12.6 billion a year. Perpetrators have been estimated to consume alcohol in 55 per cent of cases

England and Wales: £5.7 billion in 2004, with an extra £17 billion estimated for emotional costs to the victim. Perpetrators have been estimated to consume alcohol in 32 per cent of cases.

Canada: US\$1.1 billion a year (direct medical costs to women). Perpetrators in one Canadian community had consumed alcohol in 43 per cent of cases.

Belarus: According to the National Bank of Belarus, Public expenses related with intoxication and alcoholism was estimated at approximately US \$ 43 billion in 2008, which was about 7.23 per cent of the country's GDP (GDP in 2008 ¹³¹).

The economic costs of alcohol-related partner violence are broadly unknown. However, the cost of intimate partner violence in general is substantial. For health service alone, costs reflect victims of intimate partner violence as having more operative surgery, and more doctor visits, hospital stays, visits to pharmacies and mental health consultations over their lifetime. Wider costs include those to judicial systems, refuge provision, lost earnings and emotional costs to the victim.

3.9 Conclusion

In reviewing country cases, it is noted that there seemed to be an association between the patterns of alcohol consumption and the levels of violence, especially towards women as a result of intoxication. Measured adopted by the different countries were vast. Some countries focused on behavioural change, others introduced paternalistic strategies such as the introduction of curfews, others introduced economic disincentives, such as price and tax increase and others focused on understanding the root of the problem and implementing policies directed towards certain changes. There was also an acknowledgment that war against GBV could not be won from one front but required an understanding of contextual and cultural factors and attitudes as well as a multidisciplinary, multisectoral and collaborative approach.

Uganda, for example had dominant perception that battering could be justified hence proposed for an approach that targets prevailing biases and community attitudes toward domestic violence. States such as India, Botswana, the Caribbean, South Sudan and Brazil were more inclined to GBV-related strategies that acknowledged cultural norms, social forces and gender differences in the population. Their proposed approaches were educational, community-based and also focused on empowerment and/or the involvement of women in decision making.

¹³⁰ <https://assets.kpmg/content/dam/kpmg/za/pdf/2017/01/za-Too-costly-to-ignore.pdf>

¹³¹ <https://www.sciencedirect.com/science/article/abs/pii/S0924933812742098>

Section 4: Lessons learned, key findings and recommendations

4.1 Introduction

This section presents the lessons that have been drawn from review of local and international cases and provides recommendations.

4.2 Lessons for SA regarding alcohol-related violence in different countries

Evidence from past pandemic (i.e. Ebola and Zika) in certain parts of the African continent illuminate the compromise during pandemics, which tends to affect women the most where critical social and crucial routine health care needs of women are abandoned to pave way for emergencies. There is therefore, a need to critically reflect about the gendered response to improve health responses to pandemics, which prioritises women, taking into consideration of their limited decision-making power ¹³².

Evidence from Brazil highlighted that increased violence was concentrated in neighbourhoods with bars and alcohol outlets. A proposal for policies aimed at reducing alcohol consumption and restricting alcohol availability as well as the introduction of curfews on the sale of alcohol was made ¹³³. Evidence from Australia found positive results. The introduction of curfew on alcohol sale was found to reduce the number of individuals admitted in hospital for domestic violence. In Greenland, evidence showed a 58 per cent decrease in police calls related to domestic violence because of the introduction of curfew ¹³⁴.

In the US, alcohol abuse disorders treatment among men that were alcohol dependence was found to significantly decreased physical and psychological violence between married couples. Alcohol screening and brief interventions in primary health care settings have also been found effective in reducing alcohol consumption in both low and high-income societies.

In certain states in India where alcohol sales were restricted, it was found that underground sales sprang. Belarus also introduced excise tax and price increase. These policies however, were argued to not have yielded positive results since expensive alcohol was then replaced with cheaper alcoholic beverages. Belarus however, also implemented an anti-alcohol campaign, which was found to have had positive effects and resulted in the decline in alcohol-related mortalities and alcohol consumption¹³⁵. While policies on price regulations, curfew and restrictions may work in certain contexts, they may not work in others and may open gates for illegal trade and/or substitution. It is therefore, critical to be cognisant of the context to ensure that a blanket approach to curbing GBV is not applied.

¹³² Gyasi, R.M. 2020. Whither are we bound? Rethinking the gendered frailty during COVID-19 pandemic. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7287439/>

¹³³ Duailibi, S., et al.

¹³⁴ Srivastava, R. and Harrisberg, K. 2020

¹³⁵ Grigoriev, P. & Bobrova, A. 2020.

<https://kopernio.com/viewer?doi=10.1111%2Fdar.13032&token=WzExODY3ODMsjEwLjExMTEvZGFyLjEzMDMyll0.Bx4ifMzxdWht5UdZC0ht-1PrA-w>

Thailand is one of the few developing countries that has passed a law aimed at reducing the negative effects of alcohol which bans direct advertising of alcohol, the promotion of alcoholic beverages, the sale of alcohol at certain periods and days, and marketing that warns the effects of alcohol on driving. It also brought different sectors together to tackle alcohol-related harm and more can be learnt from this country ¹³⁶. Zooming in on this country could provide a number of lessons that South Africa can draw.

There tends to be an emphasis on adopting preventative and collaborative approaches as compared to punitive approaches and also an emphasis on understanding beliefs, attitudes, social and cultural practices and harmful behaviours that contribute to the surge in GBV and developing strategies aimed at addressing these. The strategy needs to start very early, with children – who witness (or who are victims themselves) and may grow up to perpetuate the violence they see and experience ¹³⁷.

One author argues that too much focus on alcohol as the problem may contribute to the failure of interventions and thus proposes that the root cause, which he argues is the need for power and control is addressed to improve the effectiveness of the GBV challenge ¹³⁸.

4.3 Proposals for dealing with alcohol related violence

The World Health Organisation (WHO) has identified several measures that have proven effective to reduce alcohol-related harm. Such measures include addressing societal tolerance towards intimate partner violence, and normative beliefs about masculinity and heavy drinking ¹³⁹. Frequent and gentle conversations with boys and men (and women and girls) on establishing a different frame of thinking about manhood is therefore, important for improved GBV outcomes ¹⁴⁰.

A public health approach to gender-based violence that does not over-emphasise emergency needs over daily and routine social and health needs of women and children is required especially during pandemics. Jeyaseelan argues that classifying domestic violence as a major public health problem could ensure that culturally acceptable and sustainable intervention strategies are put in place to deal with this social ill ¹⁴¹.

A collaborative co-ordinated, partnership in different spheres of government is also proposed as it may balance the dominant views of the different sectors and disciplines in how a gender balance approach to pandemics is managed. The UN Office for Disaster Risk Reduction recognized the need to better integrate gender perspectives into emergency preparedness and proposes provisions to be made for GBV and sexual and reproductive health (SRH) services as part of the package of essential services during emergencies.

¹³⁶ <https://www.who.int/bulletin/volumes/95/7/17-020717/en/>

¹³⁷ <https://hsf.org.za/publications/hsf-briefs/gender-based-violence-in-the-time-of-corona>

¹³⁸ Gondolf, E.W.

¹³⁹ https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf

¹⁴⁰ https://ec.europa.eu/health/sites/health/files/alcohol/docs/alcohol_lib24_en.pdf

¹⁴¹ Jeyaseelan, L., et al. 2004

The imbalance of decision-making power means that women are left out from shaping the decisions that affect their own lives. There is therefore, an increased need for more women representation in decision-making power structures to ensure that their concerns are represented ¹⁴².

There are also suggestions that whilst reviewing public policies that have the potential of curbing violence and GBV, alcohol policies should not be ignored as they can contribute positively to curbing GBV ¹⁴³.

In South African, there were claims that the GBV rate decreased during the national lockdown. The Institute for Security Studies (ISS) therefore, suggests that the country learns and unpacks what lies behind the numbers ¹⁴⁴.

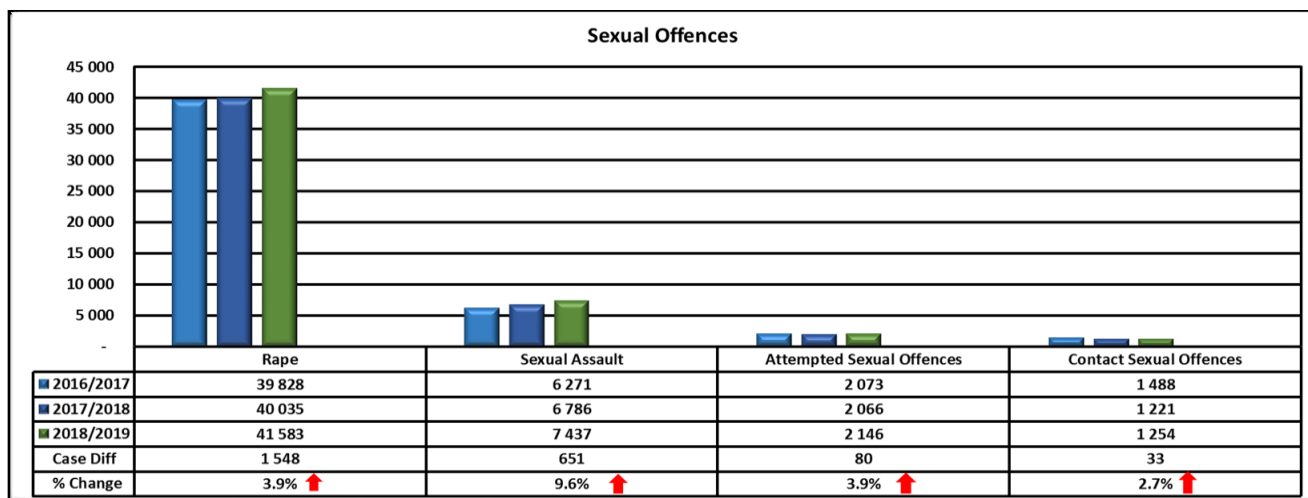
¹⁴² <https://eige.europa.eu/news/coronavirus-puts-women-frontline>

¹⁴³ Lippy, C. and DeGue, S.

¹⁴⁴ Gould, C. 2020

Appendices

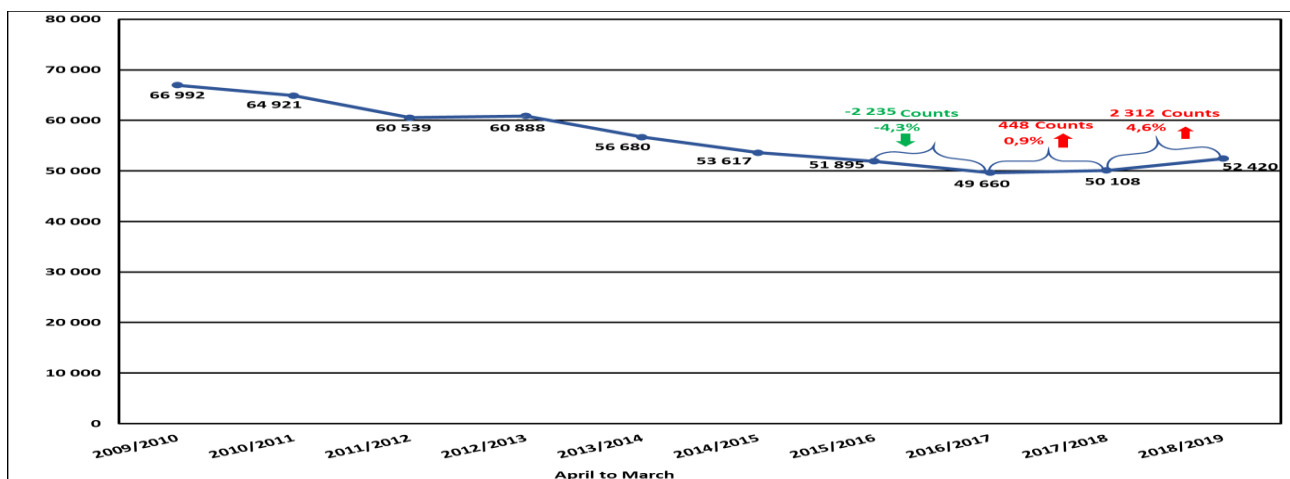
Figure 1: Sexual Offences: Three Years Comparison



Source: South African Police Service

Figure 1 shows that both reported rape and sexual assault cases have been increasing since 2016. The data shows that rape cases increased from 39 828 in 2016/2017 to 41 583 in 2018/2019. Figure 1 above also shows that both reported attempted sexual offences and contact sexual offences cases have been inconsistent. The number of reported attempted sexual offences and contact sexual offences have decreased from 2 072 and 1 488 in 2016/2017 to 2 066 and 1 221 in 2017/2018 and then increased to 2 146 and 1 254 in 2018/2019 respectively.

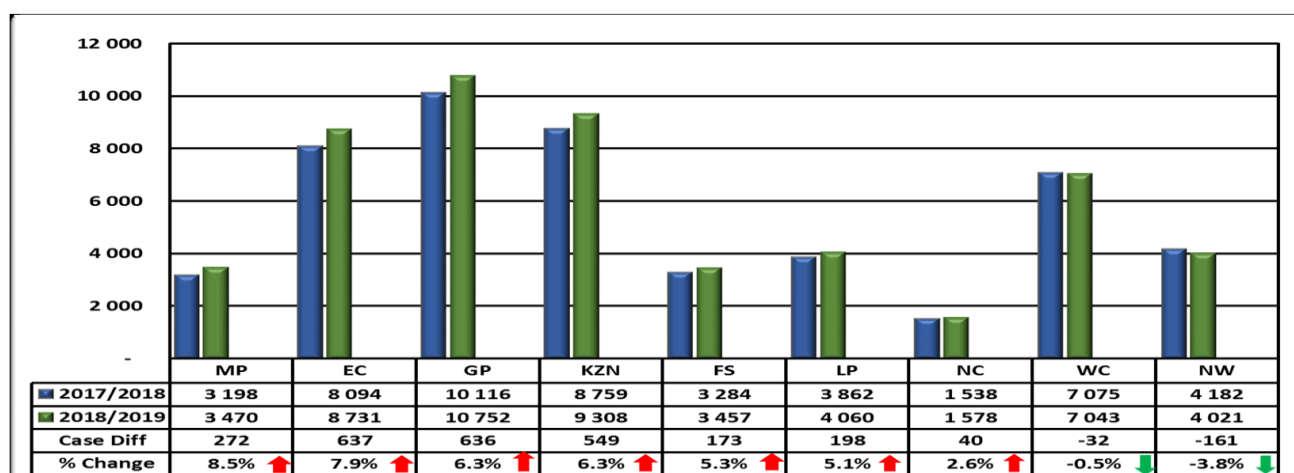
Figure 2: Sexual Offences: Trend Over Ten Years



Source: South African Police Service

Figure 2 shows the total number of sexual offences by year from 2009/2010 to 2018/2019. The number of sexual offence cases decreased linearly from 66 992 in 2011 to 49 660 in 2016/2017 and before increasing to 52 420 in 2018/19.

Figure 3: Sexual Offences: Provincial Overview



Source: South African Police Service

Figure 3 shows that Gauteng Province in South Africa reported the highest total number of sexual offences from 10 116 in 2017/2018 to 10 752 in 2018/2019, followed by KwaZulu Natal Province from 8 759 in 2017/2018 to 9 308 in 2018/2019 and then Eastern Cape Province from 8 094 in 2017/2018 to 8731 in 2018/2019. The Northern Cape Province reported the lowest cases of sexual offences from 1 538 in 2017/2018 to 1 578 in 2018/2019. North West and Western Cape provinces were the only two provinces which showed a decrease in the reported number of sexual offences from 2017/18 to 2018/19.

Table 1: Sexual Offences: Top 30 Stations

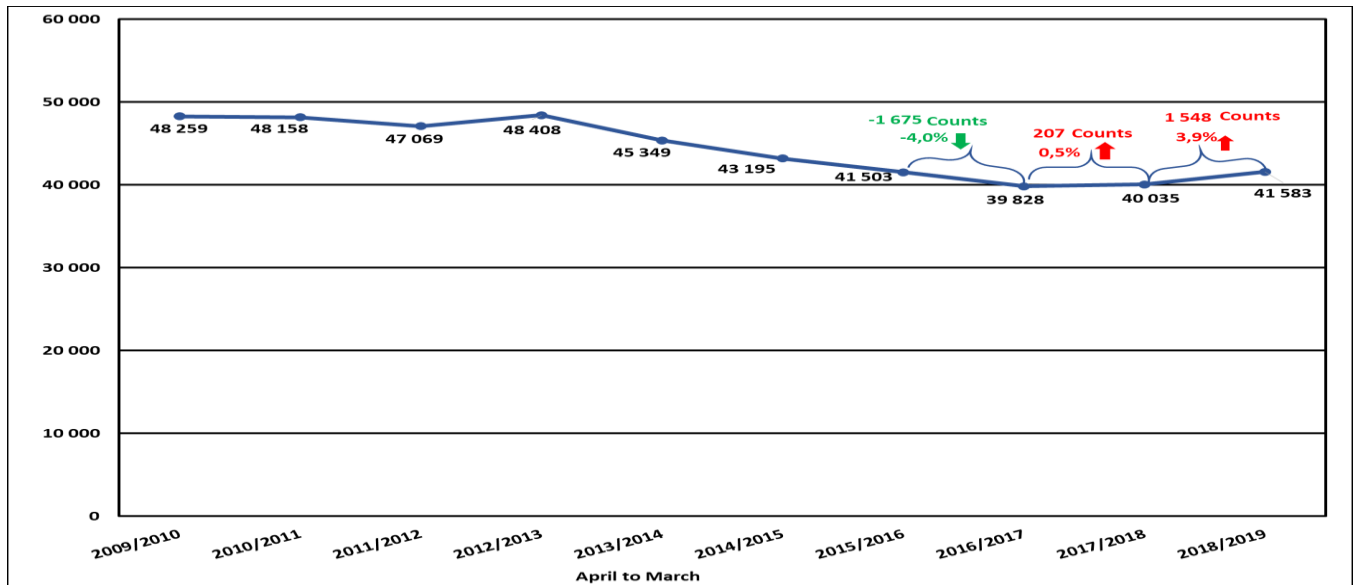
Position	Station	Province	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	Case Diff	% Change
1	Inanda	KZN	313	316	348	330	385	55	16.7%
2	Umlazi	KZN	340	319	295	290	301	11	3.8%
3	Thohoyandou	LP	299	248	198	250	297	47	18.8%
4	Lusikisiki	EC	155	161	156	210	295	85	40.5%
5	Nyanga	WC	292	351	356	308	294	-14	-4.5%
6	Delft	WC	225	207	219	236	278	42	17.8%
7	Mfuleni	WC	177	180	230	167	244	77	46.1%
8	Mthatha	EC	250	243	246	236	237	1	0.4%
9	Empangeni	KZN	240	219	226	208	234	26	12.5%
10	Orange Farms	GP	180	163	184	195	226	31	15.9%
11	Kraaifontein	WC	182	180	172	189	220	31	16.4%
12	Temba	GP	228	211	211	204	213	9	4.4%
13	Ivory Park	GP	220	212	207	195	212	17	8.7%
14	Thabong	FS	254	225	223	178	209	31	17.4%
15	Dobsonville	GP	182	184	227	206	208	2	1.0%
16	Mankweng	LP	236	249	220	196	207	11	5.6%
17	Moroka	GP	198	162	201	177	207	30	16.9%
18	Ntuzuma	KZN	198	162	182	166	207	41	24.7%
19	Plessislaer	KZN	245	281	200	204	205	1	0.5%
20	Mamelodi East	GP	113	128	136	167	200	33	19.8%
21	Jouberton	NW	304	225	265	215	199	-16	-7.4%
22	Gugulethu	WC	229	243	238	223	195	-28	-12.6%
23	Seshego	LP	214	200	178	190	191	1	0.5%
24	Bloemspruit	FS	265	221	161	181	190	9	5.0%
25	Kagiso	GP	188	178	215	229	190	-39	-17.0%
26	Harare	WC	235	211	204	192	187	-5	-2.6%
27	Tsakane	GP	176	195	194	185	183	-2	-1.1%
28	Hillbrow	GP	213	141	155	168	182	14	8.3%
29	Diepsloot	GP	134	151	180	166	177	11	6.6%
30	Mitchells Plain	WC	213	179	193	200	173	-27	-13.5%

Source: South African Police Service (SAPS)

Table 1 shows top 30 stations with highest reported cases of sexual offences. The number of sexual offences reported in Inanda police station went up by 16.7% from 313 in 2014/2015 to 385 in 2018/2019 (an increase by 16.7%). Mitchells Plain station has shown a decrease in number of sexual offences from 213 in 2014/2015

to 173 in 2018/2019 (a decrease by 13.5%). Seven police stations out of the top 30 police stations reported a decrease in the number of reported cases of sexual violence.

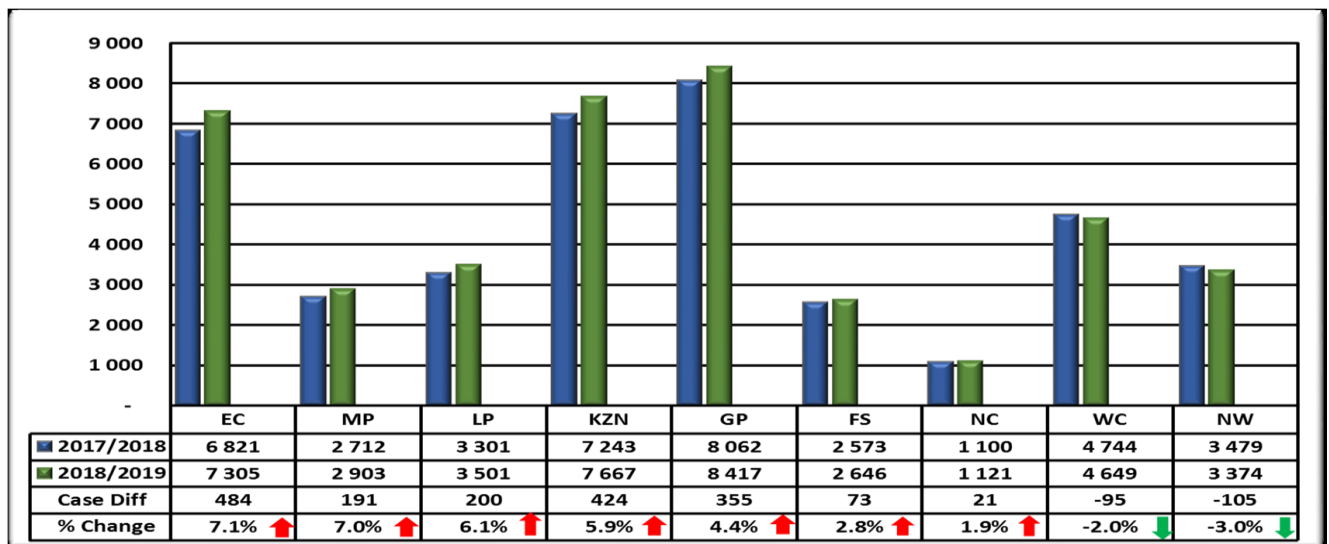
Figure 4: Rape: Trend Over Ten Years



Source: South African Police Service

Figure 4 shows rape trend over a period of 10 year from 2009/2010 to 2018/2019. Figure 4 shows that the number of reported rape cases decreased from 48 259 in 2009/2010 to 39 828 2016/2017 before increasing to 41 583 in 2018/2019.

Figure 5: Rape: Provincial Overview

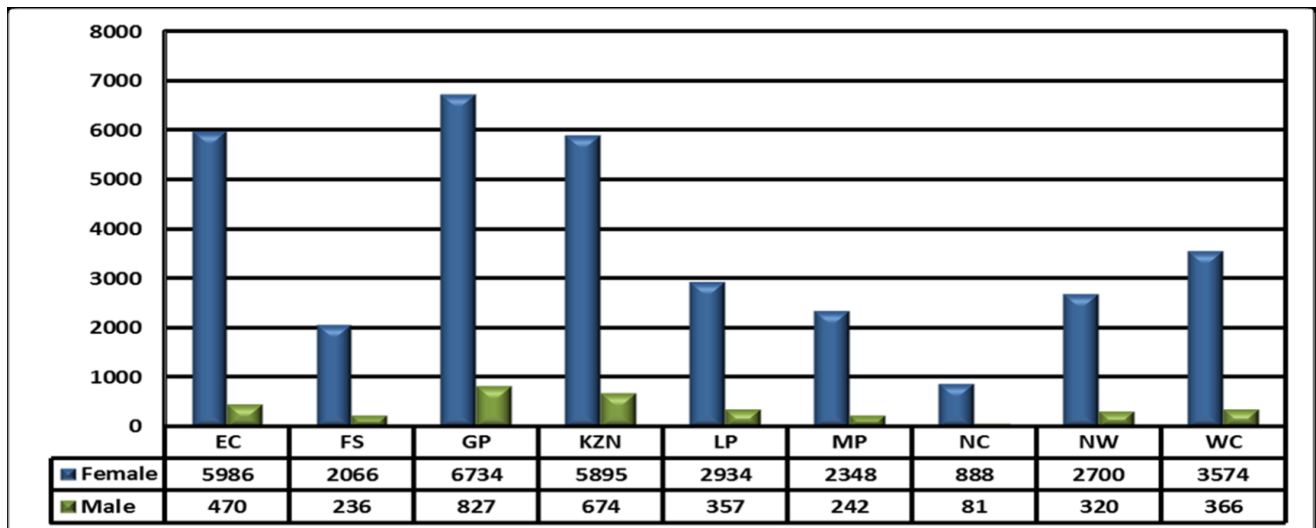


Source: South African Police Service

Figure 5 shows the rape provincial overview in South Africa. Gauteng province reported the highest number of reported rape cases in 2017/2018 and in 2018/2019. It the highest number of rape cases from 8 062 in 2017/2018 to 8 417 in 2018/2019. It both years KZN province followed GP with second highest number of

reported rape cases. The cases increased from 7 243 in 2017/2018 to 7 667 in 2018/2019 and then Eastern Cape from 6 821 in 2017/2018 to 7 305 in 2018/2019. Northern Cape recorded lowest rape cases from 1 100 in 2017/2018 to 1 121 in 2018/2019. In the two-year period as shown on figure 5, the Western Cape and North West provinces were the only provinces that reported a decrease in the number of reported rape cases.

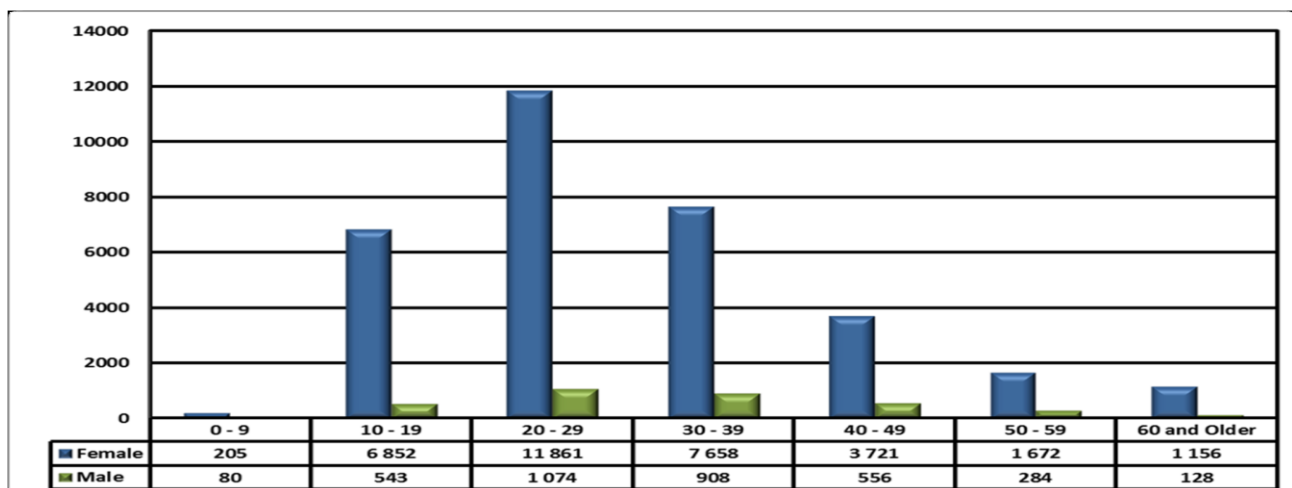
Figure 6: Rape: Gender as Per Province



Source: South African Police Service

Figure 6 shows disaggregation by gender per province. Figure 6 shows that female in all province in South Africa are the most vulnerable to rape.

Figure 7: Gender and Age Category



Source: South African Police Service

Figure 6 shows a total number of reported rape cases by gender and age category. The reported rape cases have been higher for the female (11 861) and male (1 074) between the ages of 20 to 29 years, followed by

those aged between 30 to 39 years at 7658 for females and 908 for males. The 60 and older are less affected by the reported cases of rape in South Africa.

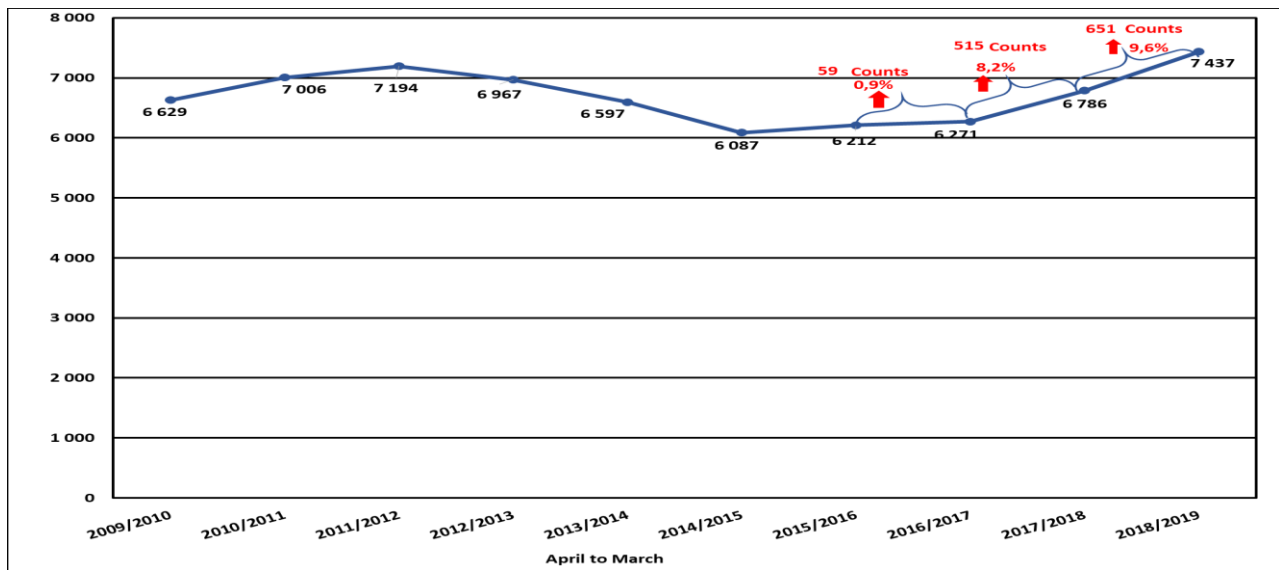
Table 2: Rape: Top 30 Stations

Position	Station	Province	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	Case Diff	% Change
1	Inanda	KZN	274	272	309	278	338	60	21.6%
2	Lusikisiki	EC	137	138	139	191	280	89	46.6%
3	Thohoyandou	LP	269	230	183	225	268	43	19.1%
4	Umlazi	KZN	305	284	262	252	262	10	4.0%
5	Delft	WC	174	164	158	196	224	28	14.3%
6	Nyanga	WC	202	247	256	210	217	7	3.3%
7	Mthatha	EC	222	217	227	222	204	-18	-8.1%
8	Orange Farms	GP	159	150	173	176	204	28	15.9%
9	Empangeni	KZN	210	185	195	186	202	16	8.6%
10	Ivory Park	GP	205	196	182	169	187	18	10.7%
11	Mankweng	LP	207	211	200	166	186	20	12.0%
12	Ntuzuma	KZN	178	139	147	144	186	42	29.2%
13	Mfuleni	WC	122	130	183	126	182	56	44.4%
14	Temba	GP	182	175	194	177	180	3	1.7%
15	Dobsonville	GP	156	157	200	182	179	-3	-1.6%
16	Plessislaer	KZN	219	234	179	177	179	2	1.1%
17	Mamelodi East	GP	103	115	115	148	175	27	18.2%
18	Kraaifontein	WC	145	139	122	154	173	19	12.3%
19	Thabong	FS	227	198	195	155	172	17	11.0%
20	Kagiso	GP	171	161	195	210	171	-39	-18.6%
21	Jouberton	NW	248	176	203	178	170	-8	-4.5%
22	Moroka	GP	164	137	168	142	168	26	18.3%
23	Diepsloot	GP	115	133	154	149	162	13	8.7%
24	Seshego	LP	174	166	144	151	159	8	5.3%
25	Bloemspuit	FS	243	195	132	152	157	5	3.3%
26	Tsakane	GP	146	166	164	167	155	-12	-7.2%
27	Harare	WC	174	164	162	156	152	-4	-2.6%
28	Calcutta	MP	148	165	108	149	151	2	1.3%
29	Ngqeleni	EC	201	201	133	143	147	4	2.8%
30	Boitekong	NW	151	143	171	141	146	5	3.5%

Source: South African Police Service

Table 2 shows that six police stations out of the top 30 police stations with the highest number of reported cases rape showed a decrease between 2017/2018 and 2018/2019. The highest decrease was reported by Kagiso police station, with a decrease of 39 from 2017/2018 to 2018/2019. Table 2 shows that Inanda Station in KZN recorded the highest number of reported rape cases from 274 in 2014/2015 to 338 in 2018/2019 followed by Lusikisiki from 137 in 2014/2015 to 280 in 2018/2019 and then Thohoyandou from 269 in 2014/2015 to 268 in 2018/2019. Boitekong in NW recorded lowest rape cases from 151 in 2014/2015 to 141 in 2018/2019.

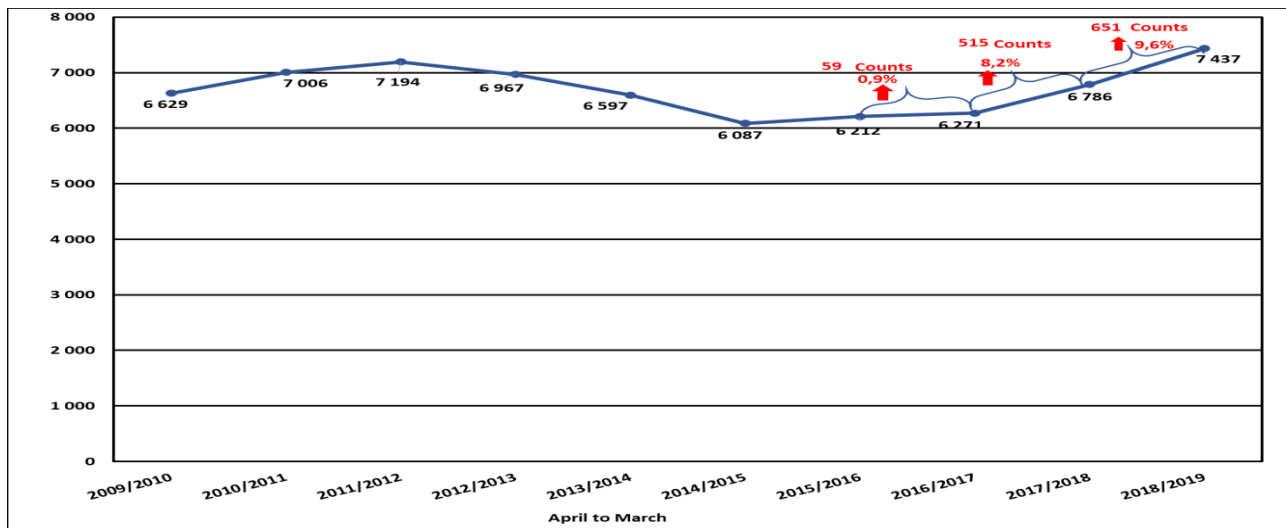
Figure 8: Sexual Assault: Trend Over Ten Years



Source: South African Police Service

The sexual assault has been increasing since 2009/2020. Figure 8 shows sexual assault increased from 6 629 in 2009/2010 to 7 006 in 2011/2012, then declined to 6 087 in 2014/15 before increasing to 7 437 in 2018/2019.

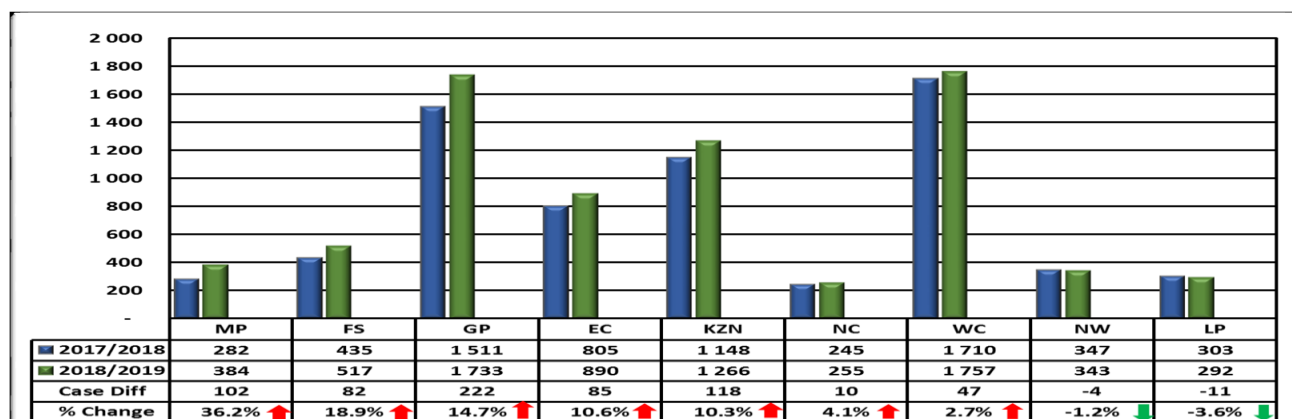
Figure 9: Sexual Assault Trend over Ten Years



Source: South African Police Service

Reported sexual assault cases have been increasing since 2009/2020. Figure 9 shows that sexual assaults increased from 6 629 in 2009/2010 to 7 006 in 2011/2012, then declined to 6 087 in 2014/15 before increasing to 7 437 in 2018/2019.

Figure 10: Sexual Assault: Provincial Overview



Source: South African Police Service

Figure 10 shows the number of reported sexual assault cases between 2017/2018 and 2018/2019 in nine provinces in South Africa. The WC, KZN, GP, MP, FS, EC and NC reported an increase in sexual assault cases reported. A decline in rape cases were recorded in NW and LP.

Table 3: Sexual Assault: Top 30 Stations

Position	Station	Province	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	Case Diff	% Change
1	Mitchells Plain	WC	88	56	78	87	66	-21	-24.1%
2	Nyanga	WC	53	62	67	63	57	-6	-9.5%
3	Gugulethu	WC	48	55	39	36	45	9	25.0%
4	Manenberg	WC	34	43	52	44	45	1	2.3%
5	Mfuleni	WC	46	35	38	30	43	13	43.3%
6	Inanda	KZN	26	25	26	40	42	2	5.0%
7	Kleinvlei	WC	49	41	18	50	42	-8	-16.0%
8	Bishop Lavis	WC	19	32	29	28	41	13	46.4%
9	Delft	WC	29	27	43	25	41	16	64.0%
10	Wierdabrug	GP	14	14	10	21	41	20	95.2%
11	Park Road	FS	25	36	35	40	40	0	0.0%
12	Grassy Park	WC	18	25	29	23	39	16	69.6%
13	Mountain Rise	KZN	38	38	23	23	38	15	65.2%
14	Conville	WC	29	10	43	30	36	6	20.0%
15	Oudtshoorn	WC	21	18	36	24	36	12	50.0%
16	Kraaifontein	WC	25	24	36	24	35	11	45.8%
17	Thabong	FS	25	26	25	21	35	14	66.7%
18	Springs	GP	27	30	33	31	34	3	9.7%
19	Akasia	GP	15	15	11	14	32	18	128.6%
20	Douglasdale	GP	13	4	9	15	32	17	113.3%
21	Elsies River	WC	26	30	12	30	32	2	6.7%
22	Kuilsrivier	WC	20	16	20	16	32	16	100.0%
23	Athlone	WC	31	32	29	27	30	3	11.1%
24	Honeydew	GP	30	21	24	36	30	-6	-16.7%
25	Moroka	GP	30	17	28	25	30	5	20.0%
26	Empangeni	KZN	29	30	30	22	29	7	31.8%
27	Kimberley	NC	19	12	19	17	29	12	70.6%
28	Sunnyside	GP	6	7	9	19	29	10	52.6%
29	Klerksdorp	NW	27	14	16	48	28	-20	-41.7%
30	Lentegeur	WC	18	25	25	28	28	0	0.0%

Source: South African Police Service

Table 3 shows highest number of reported sexual assault in police stations. About five stations in Western Cape recorded the highest number of sexual assault cases. The station that recorded the lowest sexual assault its Lentegeur. Seven police stations out of the top 30 police stations with the highest number reported of reported sexual assault reported a decrease in the sexual assault reported cases. The highest decrease was reported by Klerksdorp police station in North West at 41.7%. Two police stations in Gauteng province and one in the Western Cape province reported an increase of 100% or more in the number of reported assault cases.

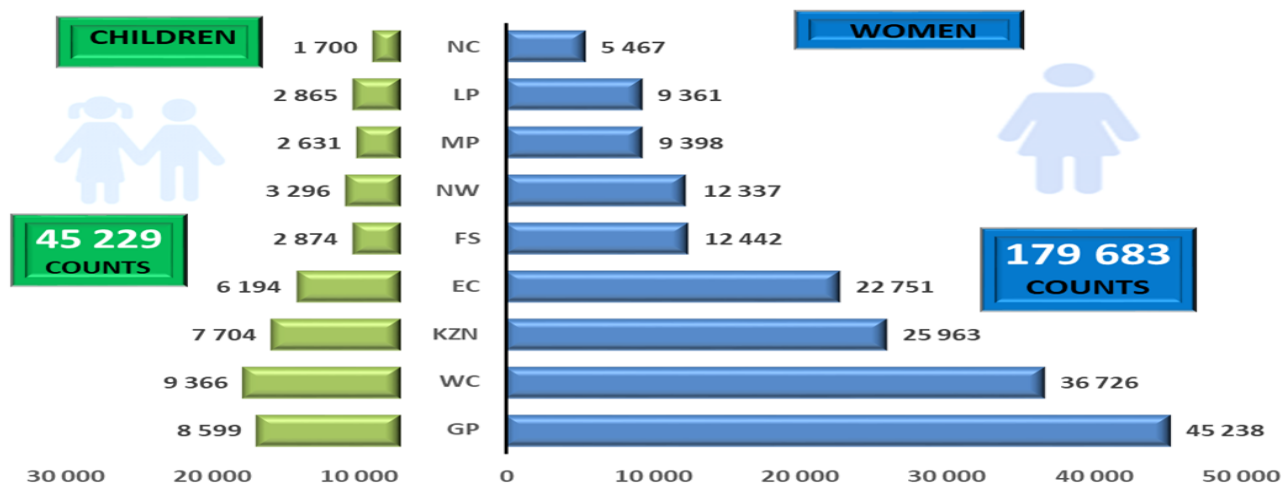
Table 4: Crimes against children

<i>Crime Category</i>	<i>2015/2016</i>	<i>2016/2017</i>	<i>2017/2018</i>	<i>2018/2019</i>	<i>Case Diff</i>	<i>% Change</i>
CONTACT CRIMES (CRIMES AGAINST CHILDREN)						
<i>Murder</i>	1 019	839	985	1 014	29	2,9%
<i>Sexual Offences</i>	26 514	24 677	23 488	24 387	899	3,8%
<i>Attempted murder</i>	1 061	936	1 059	1 184	125	11,8%
<i>Assault GBH</i>	8 772	7 589	7 562	7 815	253	3,3%
<i>Common assault</i>	10 686	10 211	10 446	10 829	383	3,7%
Total Contact Crimes	48 052	44 252	43 540	45 229	1 689	3,9%
Total Sexual Offences						
<i>Rape</i>	21 121	19 079	18 336	18 586	250	1,4%
<i>Sexual Assault</i>	3 509	3 986	3 706	4 451	745	20,1%
<i>Attempted rape</i>	716	590	662	562	-100	-15,1%
<i>Contact sexual offences</i>	1 168	1 022	784	788	4	0,5%
Total Sexual Offences	26 514	24 677	23 488	24 387	899	3,8%

Source: South African Police Service

Table 4 shows the number of reported contact crimes, including sexual offences against children in South Africa. The total number of reported contact crimes against children fluctuated between 48 052 and 43 540. The reported contact crimes against children increased by 3.9% from 2017/2018 to 2018/2019. The total number of reported sexual offences against children decreased from 26 514 in 2015/2016 to 24 387 in 2018/2019. The rape cases against children had the highest cases reported compared to other forms of sexual offences in all the years. Attempted rape cases reported was the only sexual offence crime against children which reported a decrease from 2017/2018 to 2018/19.

Figure 11: Crimes against Women and Children: Provincial Distribution



Source: South African Police Service

Figure 11 shows distribution of crimes against women and children by province in 2018/2019. The highest proportion of Crimes against Women were registered in Gauteng (45 238), followed by WC (36 726), KZN (25 963) and EC (22 751). The lowest proportion of Crimes against Women were registered in NC (5 467). The highest proportion of crimes against children were reported in the WC (9 366), followed by GP (8 599), KZN (7 704) and EC (6 194). The lowest proportion of crime against children were reported in the Northern Cape at 1 700.

Figure 12: Crimes against Women and Children: Provisional Overview

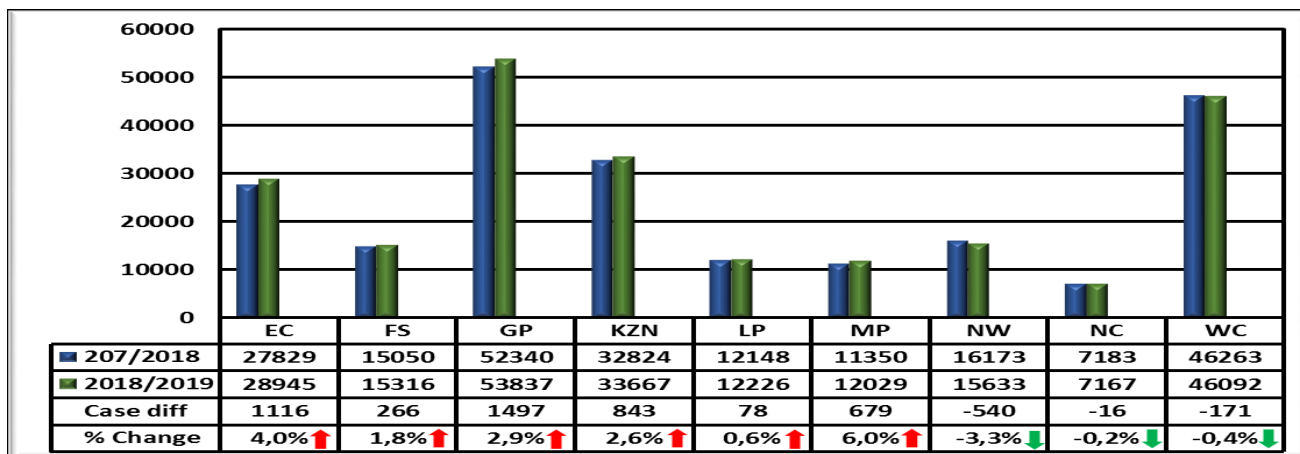


Figure 12 shows crimes against Women and Children by province between 2017/18 and 2018/19. Gauteng province has registered the highest number of crimes against Women and Children from 52 340 in 2017/18 to 53 837 in 2018/19, followed by KZN from 32 824 in 2017/18 to 33 667 in 2018/19 and EC from 27 829 in 2017/18 to 28 945 in 2018/19. Western Cape, NW and NC provinces have registered a decline in Crimes against Women and Children.