

# Reflections on intimate partner violence, its psycho-socio-cultural impact amidst COVID-19: comparing South Africa and the United States

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## Abstract

**Purpose** – *The purpose of the study was to provide a comparative analysis on the psychological and socio-cultural impacts of COVID-19 on victims of intimate partner violence (IPV) in South Africa (SA) and the USA.*

**Design/methodology/approach** – *The authors collected media and scholarly articles that dealt with IPV victims during the early phase of the pandemic. This study focused solely on SA and the USA because of their unique contexts and the fact that the authors are residents of these countries. The authors observed how both presidents dealt with IPV amidst the COVID 19 pandemic, especially when stay-at-home orders were in place. Aspects relating to the psychological and socio-cultural impacts amidst the pandemic were considered.*

**Findings** – *The authors found that in both countries, many black women from low socio-economic backgrounds experience IPV. Being in isolated spaces with their perpetrators prohibits victims from reporting the abuse. As the world attempts to curb the spread of COVID-19 infections, effective strategies have been suggested for victims and perpetrators. The authors found the approaches of the two governments (until the Biden Administration in 2021) to be starkly different in terms of effective strategies and the neglect and downplaying of the extent of one or both pandemics (i.e. COVID-19 and IPV). Pro-safety, equality, gender and race-conscious embracing approaches to overcome IPV are urgently needed.*

**Originality/value** – *The paper focused on IPV during the early phase of the COVID-19 pandemic. It provides relevant information about IPV in both countries, especially when stay-at-home orders are in place.*

**Keywords** *Intimate partner violence, COVID-19, Socio-cultural impact, Psychological impact, South Africa, United States*

**Paper type** *Conceptual paper*

## Introduction

Intimate partner violence (IPV) has no boundaries and can affect any individual regardless of race, gender or socio-economic status. IPV is a global phenomenon that occurs in diverse socio-economic and cultural spaces and encompasses emotional, physical and psychological abuse, among others. During pandemics, IPV surges and creates dangerous situations for victims [John *et al.*, 2020; World Health Organization (WHO), 2020a]. This was the case during the global novel coronavirus (SARS-CoV-2) pandemic, also known as COVID-19 (Parry and Gordon, 2021). On March 11, 2020, the World Health Organization (WHO) officially declared the outbreak of COVID-19 a pandemic.

On March 5, 2020, the National Institute for Communicable Diseases (NICD) confirmed that there was a suspected case of COVID-19 in South Africa (SA)

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[[National Institute for Communicable Diseases \(NICD\), 2020a](#)]. Immediate steps were taken. The Emergency Operating Centre, the EOC, identified the contacts and a tracer team was deployed to KwaZulu-Natal with epidemiologists and clinicians from the NICD. This resulted in the self-isolation of all the members with whom the patient had come into contact. The media was briefed to ensure that the public was immediately informed. A press briefing was held after the parliamentary debate to clarify this issue ([NICD, 2020a](#)). President Cyril Ramaphosa declared a state of disaster in March 2020, intending “to flatten the curve” in relation to the spread of COVID-19 infections. To reduce COVID-19 infections, the South African government circulated stay-at-home orders and called upon people to adhere to social distancing and lockdown regulations. To help curb the spread of infections, the home as an intimate space offers one a sense of security, comfort and safety from the COVID-19 disease. SA went into lockdown at midnight March 26, 2020.

On January 22, 2020, the Center for Disease Control and Prevention, the CDC, confirmed what it then thought was the first case of coronavirus in the USA. Contrary to the strategy of the South African government, President Donald Trump seemed unconcerned about the pandemic. On February 27, 2020 during a meeting with black leaders that was held as USA officials warned that the COVID-19 pandemic could stay with the country for some time, President Trump declared that a “miracle” might make the coronavirus “disappear.” ([Summers, 2020](#), para. 7). On March 17, 2020, President Trump claimed that only one person coming from China was involved and that his administration had it under control and all would be fine ([Magnan, 2020](#)). On April 3, 2020, the CDC recommended that people wear cloth or fabric coverings. President Trump objected to this by stating, “You can do it. You don’t have to do it. I’m choosing not to do it but some people may want to do it, and it’s OK.” ([Summers, 2020](#), para. 11). Unlike the Trump Administration, President Ramaphosa enforced the order requiring masks for everyone in the country. Days later, the USA recorded over 60 000 COVID-19 deaths, whereas in SA, no deaths were reported, but 218 new laboratory cases were confirmed [[Faust and Del Rio, 2020](#); [National Institute for Communicable Diseases \(NICD\), 2020b](#)]. The extent of the virus and its impact on IPV victims was of little concern to the Trump Administration, whereas the SA President noted his concern in one of his talks when he addressed the SA nation regarding COVID-19 regulations.

In this paper, we reflect on the initial phase of the COVID-19 pandemic and provide a comparative analysis of the USA and SA with a focus on this period. The article focused solely on these two countries because of their unique contexts (i.e. the one being a developing country and the other a developed country) with almost identical occurrences of IPV amidst the COVID-19 pandemic and because the authors are residents of these countries. The objective of this paper was to showcase the extent to which IPV has been a pandemic in itself for decades and how pandemics such as COVID-19 exacerbate existing conditions. In addition, we sought to demonstrate the ways in which systemic failure further jeopardized the safety and protection of IPV victims. Through this analysis, our aim was to ensure that each country’s president acknowledges that IPV is a pandemic and addresses these issues to help combat IPV not only in the two countries but also globally.

We collected both scholarly and media articles on matters that dealt with IPV during the initial phase of the COVID-19 pandemic. Analysis of the mass media enabled us to observe how both presidents perceived and dealt with IPV amidst the pandemic, especially when stay-at-home orders were in place.

In the comparative analysis, we specifically focused on the psychological and socio-cultural impact of IPV victims amidst the pandemic. In addition, we explored the influence of COVID-19 on the behavior of abusers amidst the lockdown and the role of social media as an ideal tool to obtain access to family, friends, social and legal services. Finally, we

analyzed the governments' concerns and their assistance amidst COVID-19 within the USA and SA context, and these are discussed in the sections that follow.

### The effects of COVID-19 on victims of intimate partner violence

Men, women and children can experience domestic violence, abuse or IPV. However, statistically, women predominantly experience higher IPV levels than their male counterparts. Specifically, women who are displaced, migrants or refugees and women who live in conflict-affected areas, are older and have disabilities are particularly at risk of violence. As a result, these women are more likely to experience violence during the COVID-19 pandemic [[World Health Organization \(WHO\), 2020a](#)].

A few studies noted an association between increased COVID-19 stressors and physical IPV victimizations, which were greater in number during the pandemic than in previous years ([Gosangi et al., 2021](#); [Gresham et al., 2021](#)). In another study, [Cannon et al. \(2022\)](#) conducted semi-structured interviews and used the posttraumatic stress disorder (PTSD) scale with 41 victims of IPV (38 female, two male and one identifying as other) who were residing in a rural Louisiana parish during the COVID-19 pandemic. [Cannon et al. \(2022\)](#) found that participants reported stress due to fears related to paying their rent/mortgage and feeding their families amidst the pandemic. The stress of feeding their families was not significant because it could easily be addressed by frequenting places that provided food. However, paying the rent/mortgage and obtaining housing support was harder to achieve, and these stressors comprised one of the variables that contributed to probable PTSD. [Udo \(2020\)](#) argues that rural women are at a greater disadvantage than urban women in receiving help from gender-based violence interventions. As a result of their locations, they are less likely than their counterparts in the urban areas to access the news media easily through which most of the interventions are publicized ([Cannon et al., 2022](#); [Udo, 2020](#)). It would appear that COVID-19 tends to exacerbate stressors for rural women more than for urban women who experience IPV.

In the South African context, the South African Police Service (SAPS) showed that before the lockdown, the number of women killed in 2018/19 stood at 2,771, which translated to seven women being murdered every day. Statistics provided by the SAPS compared the cases of IPV for the period March 27 to May 21, 2019, with the cases for the lockdown period March 27 to May 19, 2020, and indicated that there was a sharp decrease (68.4%) in cases during the lockdown compared with the year of 2019 (SAPS, n.d.). However, various research studies highlight that the lockdown caused an increase in IPV, which was mainly brought about by victims being at home with the perpetrators and having little to no support services and no ability to report the abuse to the police ([Gould, 2020](#); [Lyons and Brewer, 2021](#); [Murugan et al., 2022](#)).

[Stiegler and Bouchard \(2020\)](#) note two trends in SA concerning domestic violence: first, a sharp decline in IPV as a result of the ban on alcohol when the country went into lockdown (Level 5); and second, an increase in IPV by the third week of the lockdown. [Gould \(2020\)](#) explained that the ban on alcohol sales possibly reduced the severity of domestic violence cases and the opportunity for rape (outside of the home). This does not mean that sober partner were not abusive and controlling, but they may have engaged in less extreme physical violence ([Gould, 2020](#)). Possible reasons for the decline in the reporting of IPV cases could be the increase in police brutality; the strict lockdown that kept women at home; the fear of contracting COVID-19 or bringing the virus home and infecting their children; the inability to get to a police station or help facilities because of lack of transport and the inability to make a call to one of the hotlines because the perpetrator was near ([Gould, 2020](#)). Also, fake news and claims such as a 10-min waiting period before a social worker answered a call to the national gender-based violence hotline may have deterred women from seeking help and thus resulted in low numbers being recorded by the SAPS ([Gould, 2020](#)).

Oosthuizen (2020) notes that while there are economic costs to the ban on alcohol, such as loss of employment for those who work in the liquor industry, this does not outweigh the social costs that harm less-developed communities both directly and indirectly. Furthermore, it is worth noting that economic costs such as loss of employment do, in turn, contribute to IPV (Lyons and Brewer, 2021; Murugan *et al.*, 2022; Tripathi *et al.*, 2022). However, although it is apparent that the ban on alcohol resulted in a decline in the admission of serious injuries to the hospital, it does not serve as a long-term solution.

In the USA context, Boserup *et al.* (2020) observed that stay-at-home orders can exacerbate the situational dynamics that produce individual-based offenses such as IPV. Data from the Maumee Police Department demonstrated an increase in substantiated IPV incidents in 2020 (73 incidents; data to May 26, 2020) compared with the year 2019 (55 incidents).

Domestic-violence hotlines prepared for an increase in the demand for services as states enforced these mandates, but many organizations experienced the opposite. In some regions, the number of calls dropped by more than 50%. Experts in the field knew that the rates of IPV had not decreased but rather that the victims were unable to connect with the services safely. Although restrictions on movement have been lifted in most regions, the pandemic and its effects rage on, and there is widespread agreement that areas that have seen a drop in caseloads are likely to experience a second surge (Evans, 2020).

Experts are convinced that Level 5 of the pandemic was the precipice of an IPV crisis fueled by anxiety, unprecedented job losses, foreclosures, stay-at-home rules and economic uncertainty caused by the coronavirus pandemic (Nair, 2020). Stress, the disruption of social and protective networks, and decreased access to services can exacerbate the risk of violence against women. As distancing measures were put in place and people were encouraged to stay at home, the risk of IPV was expected to increase [World Health Organization (WHO), 2020a]. There was also a concern that with job losses and economic pressures, violence would further increase (Fried, 2020).

Many reports indicated that IPV was enhanced amidst the lockdown, where perpetrators' struggles exacerbated their tactics against their victims and further endangered the victims in their own homes, where they expected to feel safe. Isolation robbed IPV victims of their social spaces and resulted in further financial and emotional dependence on their perpetrators. With lockdown enforced, victims were compelled to face their challenges alone. This was further exacerbated by the absence of work and social spaces, resulting in a lack of access and direct support from family and friends (John *et al.*, 2020). The COVID-19 pandemic exposed underlying inequalities in the socio-economic and health systems in terms of IPV. The pandemic brought about quarantine at home with perpetrators, and what should be safe turned into dangerous spaces from which victims could not escape (Van Gelder *et al.*, 2020). The lockdown eliminated all critical elements of security for victims, and this may still be ongoing for those working from home. The physician Peter Bach advocated that alcohol sales should be banned while Americans are isolating at home during the COVID-19 pandemic because perpetrators who also consume alcohol are more likely to engage in unchecked violence during quarantine (Linnekin, 2020).

During quarantine, measures intentionally imposed on abusive partnerships may be enforced on a massive scale in the attempt to save lives. Isolation, paired with greater exposure to psychological and economic stressors and potential, increases negative coping mechanisms (e.g. excessive alcohol consumption), possibly triggering an unprecedented wave of IPV. According to the [World Health Organization (WHO), 2020b], at the beginning of the pandemic, fake news circulated that drinking alcohol would provide some protection against COVID-19 or would kill the virus. As a result, WHO circulated a fact sheet to protect the population from this type of misinformation [World Health Organization (WHO), 2020b].

In both the USA and SA, there was an increase in IPV incidents between 2019 and the early phase of lockdown. However, there was a lower reporting of IPV to the various service providers because victims were trapped with their perpetrators. The use of alcohol was also found to exacerbate the impact of IPV, and the ban on alcohol sales did not deter people from stocking up at home. One would assume that a developed country such as the US would use its sophisticated resources to curb IPV, especially during the global pandemic.

In both the USA and SA, messages received from health officials such as practicing social distancing, self-isolating if exposed or displaying COVID-19 symptoms in addition to the stay-at-home orders may all be misunderstood by individuals who are alone or isolated (Hansel *et al.*, 2022). This means that in the context of COVID-19, the home is an unsafe space filled with violence and it may seem impossible for victims of IPV to escape from their perpetrators. This aspect involves the psychological impact of COVID-19 on IPV victims and is covered in the following section of the paper.

### ***The psychological impact of COVID – 19 on victims amidst the lockdown***

During the early phase of the COVID-19 pandemic, the mandatory lockdown was a precipitating factor for IPV because isolating the victim is a tactic used by perpetrators (Barbara *et al.*, 2022). Many cultural programs, religious practices and major festivals were postponed or celebrated within home boundaries because assembling in any public place was restricted (Tripathi *et al.*, 2022). The psychological implications of stay-at-home and social distancing policies during the pandemic, especially in the context of IPV, created feelings of loneliness among victims of IPV because of their diminished support system (Barbara *et al.*, 2022; Dekel and Abrahams, 2021).

In SA, COVID-19 had a disproportionate effect on black Africans from low socio-economic groups (Phaswana-Mafuya *et al.*, 2021). This is not surprising given the legacies left behind from apartheid and colonialism in SA that have produced an economically unequal society. Many families live below the poverty line and live in overcrowded households placing women at risk for IPV (Dekel and Abrahams, 2021; Naidu, 2020).

Dekel and Abrahams (2021) note that among the coping strategies that women used before the lockdown was the ability to escape the abuse physically before it happened or to leave home after it had taken place. However, governmental orders to stay at home prohibited the visiting of friends and family, which inadvertently removed many women's social support.

Various researchers underscore that the African philosophical concept, *ubuntu*, is intended to promote human kindness and relationships that are cordial and that avoid violence (Dladla, 2017; Du Toit-Brits *et al.*, 2012; Okereke *et al.*, 2018). *Ubuntu*, therefore, assumes that there is a common bond of sharing in that we all are part of a human interconnected society, and hence, what we do affects the community at large (Dladla, 2017; Eliastam, 2015; Okereke *et al.*, 2018).

Thus, *ubuntu* is a social value that should challenge IPV since it goes against the notion of what it represents among collectivist cultures in Africa. There have been contestations by scholars who argue that the concept is vague and open to abuse; however, these discussions are beyond the scope of this paper. Furthermore, while there is a clear need for psychological services, there is a common perception of psychology as being irrelevant to the African people (who form the largest part of the South African population) because of its Eurocentric approach (Lupuwana *et al.*, 1999). However, many universities have taken on the project to decolonize and Africanize their curriculums and psychology programs (Barnes and Siswana, 2018; Macleod, 2018; Malherbe and Ratele, 2021).

In the USA, COVID-19 infections are inordinately high, and African Americans are a group that has been gravely affected because of historical structural racism (Andrews *et al.*, 2020,



cited in [Naidu, 2020](#)). These circumstances have contributed to high rates of depression, anxiety, IPV, child abuse and child neglect ([Naidu, 2020](#)). Women in these contexts are particularly at risk of experiencing IPV because of their “poor living conditions with already burdened access to health, safety, policing and socio-economic needs” ([Blouws, 2020](#), p. 4). According to [Brooks et al. \(2020\)](#), as cited in [Douglas et al. \(2020\)](#), negative psychological effects are associated with the quarantining of people exposed to an infectious disease, which may include posttraumatic stress symptoms. These psychological effects could be exacerbated when there are incidents of IPV ([Kofman and Garfin, 2020](#)) in the home.

During the lockdown, many victims who were considering moving in with family or friends were unable to do so because of the social-distancing guidelines. In addition, because of the lack of privacy in their households (due to stay-at-home orders), victims were often unable to participate meaningfully in counseling and/or in safety planning sessions ([Murugan et al., 2022](#)). [Murugan et al. \(2022\)](#) note that the systemic racism and ongoing police brutality against black men and women was a concern because it deterred black survivors from calling the police for assistance.

[Novacek et al. \(2020\)](#) argue that despite high levels of exposure to psychosocial stressors and the systemic barriers that prevent black Americans from having their mental health needs met, they tend to display higher resilience using culturally sanctioned coping strategies. [Novacek et al. \(2020\)](#) further note that Afro-cultural coping tenets and spiritual and collective coping strategies predicted the quality of life in black Americans from high-risk urban communities. Additionally, social support reduces depressive symptoms among African Americans with trauma and socio-economic stress ([Novacek et al., 2020](#)). While African Americans have inherent strengths in how they cope, there is still a need for race-conscious interventions to meet their unique needs as they manage psychological distress brought upon by the pandemic ([Novacek et al., 2020](#)). The church was found to be an integral part of black Americans’ lives and has the ability to influence their perceptions of counseling and proclivity to seek counseling services when experiencing a crisis or mental health issue ([Avent Harris and Wong, 2018](#)).

We noted that the USA and SA are similar in that many marginalized communities and black people rooted in historical structures are affected by IPV. There are various factors that prevent people from seeking psychological services, such as cultural hindrance, affordability and relevance. Many black people tend to rely on spirituality, and, therefore, religious bodies such as churches can play a role in assisting black people in accessing psychological services to dismantle the stigma associated with mental illnesses. We also suggest that understandings of *ubuntu* are circulated in campaigns globally to remind South Africans and to introduce Americans and others to the social value of human connectedness.

### ***The socio-cultural impact of COVID-19 on victims amidst the lockdown***

IPV has been problematic for decades in SA with its diverse socio-cultural spaces where patriarchy is the norm. Underpinning IPV is three structural factors: gender inequality in the form of patriarchal privilege and the disempowerment of women; the normalization and acceptance of violence in social relationships; and poverty. Although IPV is similar elsewhere, the situation in SA displays certain patterns of violence against women that are unique. IPV allows us to explore performances of dominance and power that reflect culturally specific manifestations of hegemonic masculinity that are often anchored in cultural patriarchy and particular ideas about oneself in relation to victims who are vulnerable ([Nelson, 2021](#)). In fact, Justice [Sachs \(1990\)](#), head of the South African Constitutional Court at the time, described patriarchy as one of the few profoundly nonracial institutions in SA. Along with women’s rights, questions of culture and ethnicity were largely neglected until late in the constitutional negotiations.

Hattery and Smith (2019) suggest that the question of patriarchy is rooted in the dominance of culture because customs are shaped, influenced and transformed by a variety of factors that undermine the status of women. In the USA, women, including minority women, tend to object to IPV but still experience abuse regardless of their race. Movements such as “Me Too” and others educate women on their rights against abuse. Regardless, cases of IPV have reached an all-time high amidst this pandemic. Okulska (2018) suggests that aboriginal and nonaboriginal women in the USA tend to believe, both socially and culturally, that their husbands’ or partners’ abusive behavior is justified. This possibly reflects that the wife believes that the abuse is because she has done something to deserve it. Hence, the victim not only suffers the direct harmful effects of the abuse but also the abuse carry the implication that one is failing in the role of the wife or partner, and self-blame for negative life events has been found to be related to high levels of mental health symptoms (Sigurvinsdottir et al., 2020). This could be the case among victims who experience long-term abuse and are isolated from their socio-cultural spaces not only generally but also as a result of pandemics such as COVID-19.

Socially depressive and anxious behavior can be experienced as aversive by other people and can result in various forms of social and interpersonal rejection. Thus, a husband or male partner who is exposed to aversive stimuli as a result of either his ego or cultural beliefs may be more likely to respond aggressively to the aversive stimuli in his wife or female partner. In essence, this belief may give the husband, or male partner permission to be abusive, particularly in social and cultural spaces where this is the norm and the wife or female partner believes that she is to blame for the abuse. Owing to the small numbers of women of color in the USA population and because of their similarity in the race to African Americans, they have often been relegated in research and practice by default to the same group as African American women who experience IPV instigated by cultural patriarchy (Drotning et al., 2022).

In recent years, cultural beliefs have shifted significantly and are perceived uniquely among young generations who are not only educated and independent but who are also exposed to acculturation and enculturation on diverse social media spaces that breach indigenous physical borders (Sauti, 2012). This enables them to view indigenous cultures through their own ethnocentric eye rather than that of their elders and ancestors. They embrace independence of thought and movements such as “Me Too” in the USA and activist groups in SA. However, amidst the pandemic and nationwide lockdowns, these women are equally vulnerable. They cannot escape the clutches of socio-cultural norms that expose them to marginalization and IPV.

We noted that in both the USA and SA, culture has the ability to shape how individuals conduct themselves and what they believe is the norm. We, therefore, emphasize that there needs to be a critical evaluation of the role of culture and realize that culture is not stagnant but rather learned behavior that develops over time. Therefore, a critical evaluation challenges individuals not merely to accept the culture that is handed down to them, especially if it is to the detriment of IPV victims.

### *The influence of COVID-19 on the behavior of abusers amidst the lockdown*

Under Level 5 of the lockdown, only essential workers could leave home for work, and those who occupied jobs that enabled them to work from home were encouraged to do so. Thus, job loss and financial insecurity brought on by the COVID-19 pandemic resulted in perpetrators potentially lashing out due to the economic strain (Jarneck and Flanagan, 2020).

As highlighted in the previous sections of this paper, perpetrators of IPV used psychological tactics such as instilling fear of contracting the virus to keep women from leaving home and deterring them from seeking medical or psychological treatment. They may have exerted

control by spreading misinformation about the disease and stigmatizing their partners (Jarnecke and Flanagan, 2020). Research has found that perpetrators may have also restricted access to necessary items such as soap and hand sanitizer from their victims. In addition, the behavior of perpetrators during the pandemic may have involved threatening women with exposure to the COVID-19 virus to prevent them from seeking medical or psychological treatment.

When perpetrators use negative coping mechanisms such as alcohol consumption, it almost always triggers IPV. This is no different in the USA and SA contexts. However, the problem of alcohol use and misuse is much more profound and requires a deeper conversation that is beyond the scope of this paper.

In SA, the Domestic Violence Amendment Act, 14 of 2021, which intends to amend the Domestic Violence Act, 116 of 1998, is clear about the role of the police. However, research shows that many police officers are unwilling to assist victims of IPV because they consider these cases private matters between the partners (Vetten, 2017). In the USA, the Violence Against Women Act Reauthorization Act of 2022 is designed to improve victim services and the arrest and prosecution of perpetrators. However, Murugan *et al.* (2022) inform that many black women do not report the abuse because of police brutality. Hence, victims may be silenced further in their isolation from their perpetrators because they may fear the authorities and the police, who may also be abusive and refuse to assist them.

We suggest that a holistic approach is taken in addressing the behavior of the perpetrator. This would entail strengthening economic support for families who experience financial strain or loss of income amidst the pandemic; making anger management courses compulsory for all offenders of violent offenses; making counseling services available that will assist men in having healthy intimate relationships and apart from law enforcement or the police, ensuring the involvement of community members in addressing cultural influences that tend to enhance IPV in communities. We also recommend more research on the perpetrators of IPV.

### ***The role of social media as an ideal tool to obtain access to family, friends and social and legal services amidst the lockdown***

Organizations such as Rape Crisis in Cape Town extended their 24-h advice lines, which are provided via phone and WhatsApp (Gould, 2020; Mahtani, 2020). The Thuthuzela Care Centres (one-stop facilities for sexual offense victims at state hospitals) remained open during the lockdown. A national gender-based violence hotline was widely publicized (Gould, 2020). Artificial Intelligence (AI) for Good, in partnership with the Soul City Institute for Social Justice and the Sage Foundation, developed a chatbot to offer help to South Africans living in abusive homes (Soul City Institute for Social Justice, 2022). The chatbot called “rAInbow” can be found on Facebook messenger and is available 24/7. The chatbot does not ask the individual for any personal information, and anything shared remains strictly confidential (Soul City Institute for Social Justice, 2022).

Smyth *et al.* (2020) lamented that one of the greatest disadvantages of virtual technology falls on the already underprivileged groups because they are less likely to access reliable hardware, software and internet connections. Some organizations that do not have access to technology are still doing face-to-face advice sessions with many women in rural areas, explaining prevention measures such as wearing masks and maintaining social distancing (Mahtani, 2020). The number of women who experience IPV is vast and heterogeneous, and, therefore, the resources that are used must be inclusive and accessible. Some women may not have access to news and information via television, smartphone and the internet, and, therefore, paper flyers containing information about resources regarding domestic violence could be posted throughout neighborhoods (Jarnecke and Flanagan, 2020). Legal support structures for domestic violence and protection, and in SA, the Gender-Based



Violence National Command Centre remained operational during the lockdown (Weiner, 2020). Weiner (2020) reports that helplines were overwhelmed by the increase in calls for help and advice. The United Nations Fund for Population Activities and UN Women have developed guidelines to assist governments in incorporating gender considerations into their response to dealing with IPV (John et al., 2020).

Living in a developed country, most victims in the USA have access to devices, the internet and social media platforms. While social media were critical tools to alert family and friends amidst the pandemic in the USA, questions have been raised that social media could exacerbate victims' situations (Al Gasseer et al., 2004). According to Elks et al. (2020), controversial antiabuse posts that circulate on social media become a hindrance in some cases rather than a solution to assist victims.

Campaign groups for IPV expressed concerns about posts that request victims to get in touch on social media platforms for support instead of seeking expert advice. Some posts by victims have exacerbated fear and discouraged victims. This is especially in contexts where there are insufficient social safety nets and legal safeguards, and this includes social media networks where some victims take a risk and expose themselves.

Social media platforms such as TikTok are ideal for keeping victims anonymity. The Trump Administration attempted to ban this platform amidst the COVID-19 pandemic but was unsuccessful, and the popularity of TikTok has grown significantly. In 2020, TikTok reached 45.4 million users in the USA, and the audience growth was predicted to reach 15.2% in 2022 (Literat et al., 2021). Byte dance is popular among diverse age demographics, and the potential banning of TikTok caused major concerns among victims for whom it was the only tool through which they could alert family and friends and access critical preventative sources. For example, when British teenager Kaitlyn McGoldrick heard that IPV was increasing under lockdown, she posted a video on social media showing victims how to make a silent emergency call to police without their attackers finding out. McGoldrick wanted to get the message out and let victims know that there were still places to go. Her video post received more than 50,000 views on TikTok (Elks, 2020). Social media tools such as Facebook and TikTok demonstrate how they can play an instrumental role in assisting victims of IPV.

McCarthy (2012) suggests three apps for victims who are experiencing IPV that are currently still available. The first is the *One Love* app designed by John Hopkins University in collaboration with the One Love Foundation. This app is beneficial in determining if one is in an abusive relationship or if the relationship that one is currently in carries a risk of turning abusive. The second is the *Sojourner Peace* app designed by the Sojourner Family Peace Center of Milwaukee, WI. This app is vital for victims looking for resources in the aftermath of IPV. It provides victims with various sources such as contact details for law services, charities and emergency care services. The third app, *Aspire News*, is aimed at individuals experiencing abuse who often feel unsafe, particularly where perpetrators have access to or who are able to monitor their devices. The app is ideal because it helps to hide important information from perpetrators, particularly in a pandemic such as COVID-19. This app makes it easy for victims to seek help in an emergency. While these apps and social media are beneficial, they are unfortunately not accessible to all victims of IPV, which means that traditional methods involving face-to-face contact may still be the only solution for some victims.

Amidst a pandemic, hotlines, crisis centers, shelters, legal aid and protection services may also be scaled back, further reducing access to the few resources of help that women in abusive relationships might have. Victims of IPV may also find it helpful to have a safety plan in case the violence escalates. For example, for those who do not have access to social media, the IPV victim could alert a neighbor ahead of time that they would switch lights on and off if they need to leave the house immediately [World Health Organization (WHO), 2020a]. Without making the perpetrator aware, victims of IPV who do have access to social

media could carefully alert relatives and friends through emojis on TikTok when they are ready to be moved to an identified shelter (Beres *et al.*, 2020).

### ***Government's concerns and assistance for victims amidst COVID-19***

On May 13, 2020, President Ramaphosa mentioned in his weekly newsletter that the regulations were structured in such a manner that during the lockdown, a woman could leave her home to report abuse without fear of a fine, intimidation or further violence (Udo, 2020). While the country was in lockdown, the government collected data and was able to identify 30 hot spots where IPV was rife (Mavuso, 2020). To deal with the violence against women in the country, the President's cabinet adopted a pushback plan against the violence committed by perpetrators. The plan included the roll-out of an integrated, multidisciplinary and comprehensive model that incorporated psychosocial support, case investigation, housing services and economic empowerment for survivors (Mavuso, 2020). The model of care and support was already operational in districts in North West, Limpopo and the Eastern Cape and was being expanded to all provinces in SA (Mavuso, 2020). In addition, the South African government drafted a Victim Support Services Bill (VSS), which was gazetted and published on July 17, 2020 (Republic of South Africa. Department of Social Development, 2020). The VSS Bill aims:

[T]o provide a statutory framework for the promotion and upholding of the rights of victims of violent crime; to prevent secondary victimization of people by providing protection, response, care and support and re-integration programmes; to provide a framework for integrated and multidisciplinary co-ordination of victim empowerment and support; to provide for designation and registration of victim empowerment and support service centres and service providers; to provide for the development and implementation of victim empowerment services norms and minimum standards; to provide for the specific roles and responsibilities of relevant departments and other stakeholders; and to provide for matters connected therewith. (Republic of South Africa. Department of Social Development, 2020), p. 609)

Contrary to SA's strategy regarding the pandemic, the USA government and President Trump downplayed the pandemic when it first emerged. The extent of the pandemic and its impact on citizens was not fully realized. Although social distancing and mask restrictions were instilled by various governors throughout the USA in the interim, on September 21, 2020, during a campaign speech in Swanton, Ohio, President Trump claimed without evidence that the coronavirus "affects virtually nobody younger than 18 and mainly threatens senior and people with underlying health conditions, according to the Washington Post" (Rupar, 2020). Once again, the extent of the pandemic and the danger were being downplayed by the President of the USA (Summers, 2020). Such politicization of the virus severely affected victims of IPV since it resulted in an increase in infections and a repetition of Level 5 lockdowns, endangering the lives of IPV victims further in their isolation from perpetrators.

The WHO encouraged governments and policymakers to include addressing violence against women in their preparedness and response plans for COVID-19, to fund the required essential services and to identify ways to make them accessible in the context of physical distancing measures. The USA government, a developed country compared with SA, which is a developing country, seemed to be ill-equipped and "unable" to curb or accept the pandemic and its devastating long-term consequences. The South African President showed deep concerns, enforced personal protective equipment, and did not underestimate the impact of the virus on citizens and the economy. The USA was deeply divided, and the virus was politicized. The USA President referred to the pandemic as the "Chinese virus, that will go away" (Bolsen and Palm, 2021). In the USA, during the initial phase of lockdown, COVID-19 infections increased in unprecedented ways, resulting in over 25 million infections and over 400,000 deaths (Biden, 2021), thus endangering and creating grave situations for IPV victims. In SA, as of January 6, 2021, there were over 1

million positive cases identified, 980 879 recoveries and 30,524 deaths ([Republic of South Africa. Department of Health, 2020](#)). The negligence of the USA government regarding the COVID-19 pandemic and lack of attention to IPV made victims' situations even more dangerous amidst the pandemic. It was only in 2021 that the newly elected USA President, Joe Biden, adopted various robust strategies to curb the virus, among which three became paramount: to restore trust with the American people through establishing a national COVID-19 response structure; to ensure that the public was vaccinated quickly, effectively and equitably; to mitigate the spread through the expansion of masking, testing and treatment and the implementation of clear public health standards. Unlike the former US President and similar to President Ramaphosa, President Biden demonstrated urgency regarding the extent of the virus and its impact on IPV victims.

Our overall argument in terms of governments' handling of IPV amidst pandemics is the need for gender sensitivity together with race-conscious approaches to curbing IPV and COVID-19. Presidents should be aware that IPV is a pandemic in itself and requires equal attention and strategies to help curb the violence that victims experience. Akin to the concern regarding the increasing COVID-19 infection rates in both countries and the constant updates on infection rates and deaths, there should be equal importance placed on the number of people who experience and succumb to IPV.

## Conclusion

IPV and its socio-cultural and psychological impact on victims amidst lockdown situations due to the COVID-19 pandemic is a major concern. Based on analyses in the USA and SA, statistics indicate that women in both developed and developing countries who are marginalized often face IPV. Amidst a pandemic, the chances of victims in isolated spaces with their perpetrators reporting abuse are reduced significantly. Abundant empirical literature reminds us that some intimate relationships are characterized by situational couple violence, which includes less frequent and less severe IPV, whereas other relationships reflect intimate terrorism in which the dynamics of power, patriarchy and control yield more severe and chronic psychological, physical and sexual IPV. With this contextualization in mind, it is clear how the social and economic climate can predispose victims to increased IPV amidst COVID-19 lockdowns and social distancing, keeping them trapped and limiting their ability to report the abuse or to leave home out of fear of contracting the virus. Furthermore, some partners may use the threat of COVID-19 exposure as a method to coerce the other away from seeking legal assistance and medical or psychological treatment.

The analysis of this paper highlighted that amidst the COVID-19 pandemic is another pandemic that mainly targets women. As the world attempts to curb the spread of COVID-19 infections, effective strategies have been suggested for victims and perpetrators of IPV. We recommend that religious bodies such as churches play a role in assisting black people in accessing psychological services and dismantling the stigma associated with mental illnesses. In addition, we emphasize that communities have a significant role to play in interrogating the IPV that occurs in their communities and in enabling the use of online and offline tools to make it easier for victims to seek help in an emergency.

We found the approaches of the two governments (until the Biden Administration in 2021) to be starkly different in terms of effective strategies and the neglect and downplaying of the extent of one or both pandemics (i.e. COVID-19 and IPV). Pro-safety, equality, gender and race-conscious embracing approaches are urgently needed to overcome IPV.

One of the limitations of the comparative analysis of this paper is that the findings concerning the rise in IPV amidst a pandemic, although still exploratory, cannot be

generalized. Additionally, the data were mainly collected during the early phase of the pandemic. Therefore, our study was unable to explore IPV exacerbation and the additional challenges generated by the ongoing pandemic. Notwithstanding the limitations, this study is integral in illustrating the issue of IPV amidst a pandemic and offers insight into how similar matters can be handled should there be future pandemics.

Future research should consider community responses to COVID-19 and IPV and explore community-based adaptive practices that offer support for people subjected to IPV. Although there is abundant literature on the victims of IPV, studies on the perpetrators of IPV are limited. We recommend that further research is conducted on the latter. This would assist in providing strategies to curb the perpetration of IPV.

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## Further reading

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