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DEVELOPMENT DISSERTATION BRIEF

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BEYOND THE LOCKDOWN: LESSONS ON GENDER-BASED VIOLENCE PREVENTION FOR SOUTH AFRICAN YOUTH DURING PUBLIC HEALTH CRISES



Beyond the Lockdown: Lessons on Gender-Based Violence Prevention for South African Youth During Public Health Crises

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The Expert Group for Aid Studies (EBA)

Miriam Hartmann defended her thesis “Understanding and preventing sexual and gender-based violence among South African youth during public health crises” in 2025 at the Department of Global Public Health, Karolinska Institutet, Stockholm, Sweden. Her research focuses on gender, adolescence, and structural determinants of health, with a particular interest in crisis-responsive interventions and violence prevention. She has worked across academic, policy, and programmatic settings in southern and eastern Africa, including on HIV prevention, gender equity, and youth mental health.

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Sammanfattning

Covid-19-pandemin hade långtgående konsekvenser utöver själva smittspridningen. Bland annat förvärrades befintliga ojämlikheter mellan könen och risken för könsrelaterat våld ökade, särskilt bland ungdomar i låg- och medelinkomstländer. Denna rapport sammanfattar en avhandling från 2025, *Understanding and preventing sexual and gender-based violence among South African youth during public health crises*, som undersöker hur folkhälsokriser påverkar unga människors utsatthet för könsrelaterat våld i Sydafrika. Sydafrika är ett land med hög förekomst av våld, och som hade strikta lockdown-åtgärder under covid-19-pandemin. Avhandlingen utforskade potentialen hos riktade, empowerment-baserade insatser för att förebygga våld under kriser. Med utgångspunkt i två longitudinella studier med blandade metoder belyser forskningen dynamiska våldsmönster över tid, identifierar viktiga drivkrafter såsom psykisk hälsa, livsmedelsosäkerhet och utmaningar i skolan och arbetslivet, och utvärderar en skolbaserad självförsvarssatsning för tonårsflickor som implementerades under covid-19 pandemin. Satsningen ökade visserligen kunskapen och självförtroendet, men minskningen av faktiskt våld var begränsad vilket pekar på begränsningar i genomförandet och på bredare strukturella hinder. Resultaten understryker behovet av välinformerade och kontextuellt grundade strategier för att förebygga våld som integrerar komponenter för psykisk hälsa och socialt skydd, och som har en krisberedskap. Studien erbjuder viktiga lärdomar för utvecklingssamarbete, särskilt när det gäller att utforma anpassningsbara, ungdomscentrerade biståndspolitiska åtgärder som tar itu med överlappande sårbarheter under folkhälsokriser. Det svenska utvecklingsbiståndet behöver stödja sektorsövergripande strategier som prioriterar både förebyggande åtgärder och resiliens i sammanhang präglade av stor ojämlikhet och våld.

Abstract

The COVID-19 pandemic had far-reaching impacts beyond infection, compounding existing gender inequalities and exacerbating risks of gender-based violence (GBV), especially among youth in low- and middle-income countries. This development dissertation brief (DDB) investigates how public health crises affect young people's exposure to GBV in South Africa, a country with high pre-existing rates of violence and strict lockdown policies, and explores the potential of targeted, empowerment-based interventions to prevent violence during crises. Drawing on two longitudinal mixed-methods studies, the research highlights dynamic patterns of violence across different time points, identifies key drivers such as mental health, food insecurity, and school and employment disruptions, and evaluates a COVID-adapted school-based self-defense intervention for adolescent girls. While the intervention increased knowledge and confidence, reductions in actual violence were limited, pointing to implementation constraints and broader structural barriers. Findings underscore the need for crisis-responsive, trauma-informed, and contextually grounded violence prevention strategies that integrate mental health and social protection components. The study offers critical lessons for development cooperation, particularly in designing adaptable, youth-centered aid policies that address intersecting vulnerabilities during public health emergencies. It calls for Swedish development assistance to support multi-sectoral approaches that prioritize both prevention and resilience in contexts of high inequality and violence.

1 Background and rationale

Gender-based violence (GBV) encompasses a range of harmful acts, including physical, sexual, psychological, and economic abuse, that are perpetrated against individuals based on gendered power imbalances (WHO, 2019). While women and girls are disproportionately affected, boys, men, and gender minorities also experience GBV, though their experiences are less well documented and often underreported (Mphatheni and Mlamla, 2022). GBV is a serious public health issue with long-term consequences for mental health, educational outcomes, economic participation, and intergenerational wellbeing (Heise et al., 2002).

Adolescence and young adulthood are periods of heightened vulnerability to GBV. For girls and young women, this phase often marks the onset of first relationships, sexual initiation, and increasing independence, all of which occur within broader contexts of unequal gender norms and constrained opportunities (Kidman and Kohler, 2020). In South Africa, where this research is situated, baseline rates of GBV are among the highest globally, with early exposure common and multiple intersecting risk factors present, including poverty, limited access to education, and exposure to violence in the community and home (Africa, 2020).

When the COVID-19 pandemic emerged in 2020, widespread concern quickly followed about its likely impact on GBV. Governments around the world, including in many low- and middle-income countries (LMICs), implemented lockdowns, school closures, and restrictions on movement (Najmul et al., 2020). These measures disrupted key protective systems, such as schools, social services, and peer networks, and exacerbated known risk factors for GBV, including social isolation, food insecurity, and household stress (Onyeaka et al., 2021). Initial evidence pointed to an increase in violence in many settings,

particularly among women and children, but longitudinal data remained limited, especially for young people in LMICs (Kourti et al., 2023).

Despite growing attention to the “shadow pandemic” of GBV, few prevention programs were rigorously adapted or evaluated during this period. The global development sector responded quickly with online messaging campaigns, mobile-based services, and remote support platforms (Gordon et al., 2022). Yet many of the most effective GBV prevention strategies – particularly those delivered in schools or community-based settings – could not be implemented in their original forms. Intervention adaptations often involved reducing session intensity, shortening program duration, or shifting to virtual delivery (Fang et al., 2024, Weeks et al., 2024). These changes were made rapidly, and in most cases, without accompanying evaluations of how such shifts affected reach, uptake, or outcomes.

Empowerment-based self-defense (ESD) interventions, which have demonstrated promising results in reducing sexual violence in some LMIC settings (Sarnquist et al., 2014, Decker et al., 2018), were particularly affected. Their core mechanisms, including physical skill-building, peer bonding, and repetition, are difficult to replicate in online, or disrupted settings. As a result, we know little about whether crisis-adapted versions of these programs remain effective, or which components are essential to retain. Understanding how such programs were modified, delivered, and experienced during times of crisis is critical for future preparedness and policy design.

This dissertation responds to those gaps by examining GBV experiences among youth in South Africa during the COVID-19 pandemic and assessing the effects of an adapted, school-based self-defense program. It combines longitudinal, mixed-methods data to explore patterns of GBV exposure and evaluate intervention outcomes in a context of heightened risk and constrained implementation. These findings offer new insight into how youth experience

GBV during crisis, and what it takes to deliver prevention programming under such conditions.

From a development cooperation perspective, this work is highly relevant to Swedish priorities. Sweden's international aid strategy emphasizes gender equality, youth inclusion, rights-based approaches, and support for health and education in crisis settings (Affairs, 2024). This research aligns with those aims by identifying pathways of vulnerability, exploring the boundaries of intervention effectiveness, and highlighting the need for flexible, trauma-informed programming that can be adapted without losing impact. Lessons from this work can inform future investments in GBV prevention, not only in South Africa or during pandemics, but in other settings where young people face intersecting challenges during emergencies.

2 Research aim and questions

The overarching aim of this dissertation was to assess the impact of the COVID-19 pandemic on GBV among young people in South Africa, and to evaluate the effectiveness of an adapted school-based intervention to prevent such violence during public health crises (Hartmann, 2025).

Specifically, the study sought to:

1. Investigate how COVID-19 lockdowns influenced young people's exposure to GBV and related mental health and socioeconomic stressors.
2. Identify patterns and predictors of GBV exposure among youth during and after the pandemic.
3. Assess the effectiveness of a COVID-adapted, empowerment-based self-defense intervention in reducing sexual violence among adolescent girls.

4. Explore how such interventions influence girls' perceived agency, safety, and help-seeking during times of crisis.

To address these aims, the research applied an interdisciplinary, mixed-methods approach. Two complementary studies were conducted:

- A **longitudinal cohort study** of adolescents and young adults aged 13-24 in Cape Town, Western Cape, which combined survey data (N=534) and in-depth interviews to explore GBV trajectories (**the BUDDY study**).
- A **cluster-randomized controlled trial** evaluating an adapted version of the *No Means No* self-defense sexual violence program in 15 schools (10 intervention schools/5 control schools) in Gqeberha, Eastern Cape, with both longitudinal surveys (N=1507) and qualitative components (**the NMN evaluation**).
- This design enabled both quantitative assessment of violence trends and intervention effects, and rich qualitative insight into the lived realities of youth during overlapping crises.

2.1 The intervention

The COVID-adapted No Means No (NMN) program was a school-based intervention designed to prevent sexual violence through empowerment-based education. The girls' curriculum focused on equipping participants with practical tools for recognizing, preventing, and responding to sexual assault. Sessions were experiential in nature, using methods like role play to build skills in verbal assertiveness, safety awareness, and help-seeking. Topics also addressed different forms of violence and challenged common victim-blaming narratives.

Due to pandemic constraints, the original 12-hour curriculum was shortened, and key adaptations were made. In the girls' sessions, emphasis shifted toward

verbal strategies, and physical self-defense techniques were modified to eliminate physical contact. Despite these changes, the intervention retained its core pedagogical model, which theorized that building knowledge, self-efficacy, and equitable attitudes would increase the likelihood of disclosure and reduce sexual violence over time.

To ensure consistency and quality, instructors received in-depth, in-person training and were regularly observed by program managers. In both the intervention and control arms, certified social workers from NMN were responsible for following up on all reports of violence and connecting participants to additional support services as needed. A referral network offering psychosocial, legal, and medical services was available to all students who disclosed violence. In control schools, the standard curriculum, Life Orientation or Life Skills, was delivered by school staff.

3 Results and discussion

My major overall findings were:

- Exposure to household and community violence among South African youth increased during the COVID-19 lockdown, particularly among those facing overlapping vulnerabilities such as food insecurity, mental health challenges, and exclusion from school or work.
- GBV patterns did not follow a simple increase-decrease trajectory, but rather fluctuated over time, with some young people experiencing persistent violence risk even after lockdowns eased.
- A crisis-adapted, empowerment-based self-defense intervention improved adolescent girls' self-confidence and safety awareness, but did not significantly reduce sexual violence exposure, highlighting challenges in maintaining program fidelity during disrupted conditions.

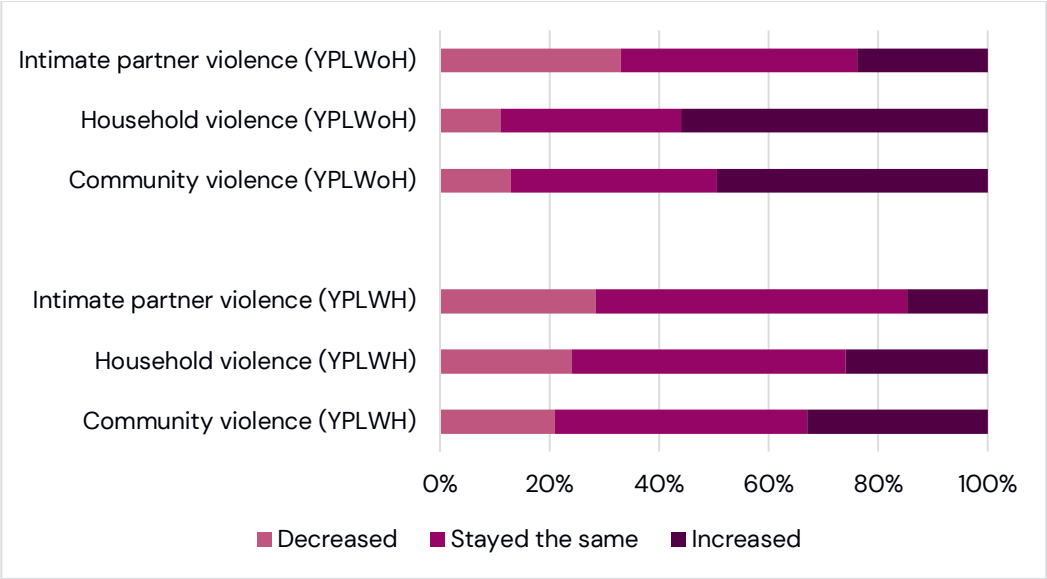
- Mental health emerged as both a driver and consequence of GBV, underscoring the importance of integrating psychosocial support into violence prevention and crisis response programming.

The key findings are discussed in more detail below. Full methodological details and individual study results can be found in the thesis and associated manuscripts (See Appendix).

3.1 Crisis-exacerbated risk: the pandemic intensified existing vulnerabilities

The COVID-19 pandemic did not create new drivers of GBV, but it significantly intensified existing ones, particularly among young people already facing structural disadvantage as seen from quantitative findings from the longitudinal cohort: BUDDY study. During the strict lockdown period in South Africa, young people reported increased experiences of violence, particularly at the household and community levels. Increases in violence were less prominent among intimate partners. This was the case for both young women and men and was particularly pronounced among young people living without HIV (see Figure 1.).

Figure 1. Perceived changes in community, household, and IPV, by HIV status



YPLWoH = young people living without HIV; YPLWH = young people living with HIV

Source: Hartmann, M., Giovenco, D., Zeebari, Z. et al. Associations between psychosocial wellbeing and experience of gender-based violence at community, household, and intimate-partner levels among a cross-sectional cohort of young people living with and without HIV during COVID-19 in Cape Town, South Africa. BMC Public Health 23, 2115 (2023). <https://doi.org/10.1186/s12889-023-16945-5>

Findings further revealed a consistent association between structural risk factors and increased GBV exposure, both during lockdown and in the six months following. Being out of school or work (NEET status), lacking regular access to food, and symptoms of depression or anxiety were all correlated with higher reports of partner, household, and community-based violence exposure.

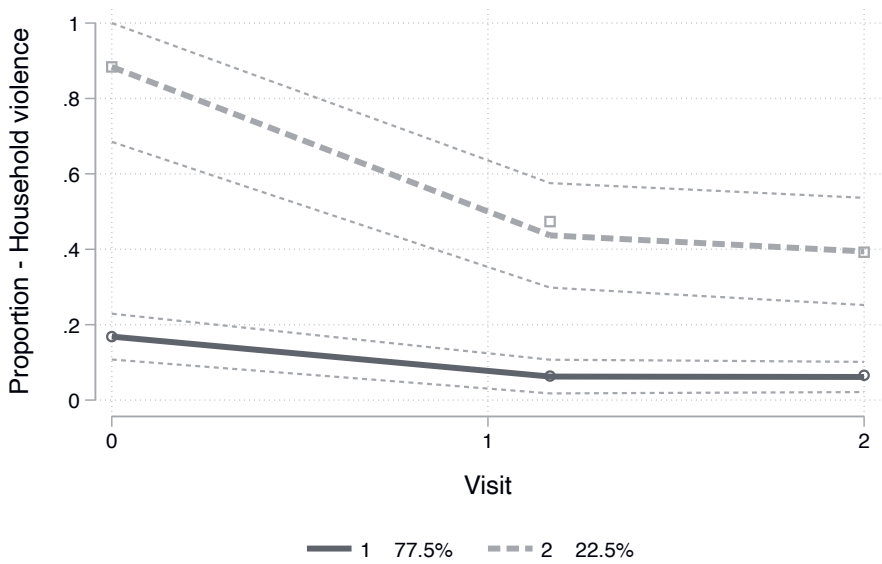
The findings affirm that pandemic-related disruptions, such as income loss, intersected with pre-existing inequalities, producing cumulative risk for violence. Crucially, the effects were not evenly distributed: youth with overlapping vulnerabilities facing disproportionately high and ongoing exposure. (Hartmann et al., 2023)

Policy implication: Crisis-response programming in development cooperation must be designed with a clear understanding of pre-existing and intersecting vulnerabilities. Swedish development assistance, particularly in fragile settings, should ensure that emergency response funding (e.g. for pandemics or disasters) includes mechanisms to identify and support high-risk youth groups early. This includes prioritizing food security, re-engagement in education and employment, and targeted protection for adolescents living with chronic health or mental health conditions.

3.2 Fluctuating violence trajectories: violence did not simply rise or fall

Another striking finding from this research is that young people's exposure to GBV during and following the COVID-19 crisis did not follow a simple pattern of increase or decrease. Instead, trajectories of youth in the BUDDY study revealed two distinct patterns with some youth experiencing high levels of household and intimate partner violence during lockdown followed by reductions, and others reporting relatively low levels of violence over time. See Figures 2 and 3.

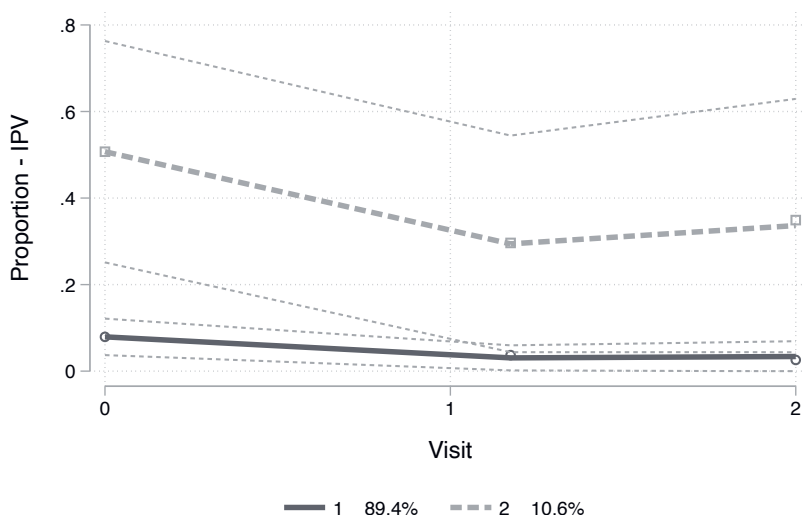
Figure 2. Trajectories of witnessing household sexual and gender-based violence among young people in South Africa during and following COVID-19 lockdown



Legend: 1 = a trajectory group with consistently low levels of witnessing HV from baseline to month 6 (77.5% of the study sample) (“consistently low”); 2 = a trajectory group with an initial large drop in witnessing HV from baseline to month 3 that was maintained from month 3 to 6 (22.5% of the study sample) (“declining to moderate”)

Source: Hartmann M, Stoner MCD, Storey S, Giovenco D, Zondi YZ, Qwabe N, et al. Mixed-method longitudinal investigation of sexual and gender-based violence following COVID-19 in South Africa. *BMJ Public Health*. 2025;3:e001697. <https://doi.org/10.1136/bmjph-2024-001697>

Figure 3. Trajectories of intimate partner violence exposure among young people in South Africa during and following COVID-19 lockdown



Legend: 1 = trajectory group with no/low IPV exposure referred to as “consistently low” (89.4% of the study sample); 2 = a second trajectory group where IPV dropped from baseline to month 3, but slightly increased from month 3 to 6 referred to as “declining to moderate” (10.6% of the study sample)

Source: Hartmann M, Stoner MCD, Storey S, Giovenco D, Zondi YZ, Qwabe N, et al. Mixed-method longitudinal investigation of sexual and gender-based violence following COVID-19 in South Africa. *BMJ Public Health*. 2025;3:e001697. <https://doi.org/10.1136/bmjph-2024-001697>

As previously noted, subgroups of youth who were in higher or lower-risk situations depended on structural and psychosocial conditions. For example, participants with ongoing mental health challenges or who remained out of school and unemployed after lockdown were more likely to experience continued violence.

Qualitative interviews echoed these divergent experiences. Some young people described feeling safer during lockdown due to reduced partner exposure and country-wide alcohol bans, while others experienced increased violence within their homes or communities, primarily tied to economic instability and food insecurity. Markedly, while distance from partners enhanced safety for some, for others, psychological violence and threats of physical violence, carried on over mobile phones and the internet. This complexity underscores the need to move beyond static “pre-post” comparisons when assessing the impact of crises on youth safety (Hartmann et al., 2024).

Policy implication: Development cooperation strategies must be adaptive and sustained, not just reactive. Short-term emergency responses may overlook youth who remain at high risk well after a crisis peaks. Swedish aid investments should support longitudinal monitoring and tailored services that can respond to shifting violence risks among youth, not only during the crisis itself, but in its aftermath. This includes strengthening referral systems, youth protection mechanisms, and addressing online violence.

3.3 Intervention implementation challenges: adaptation without dilution is key

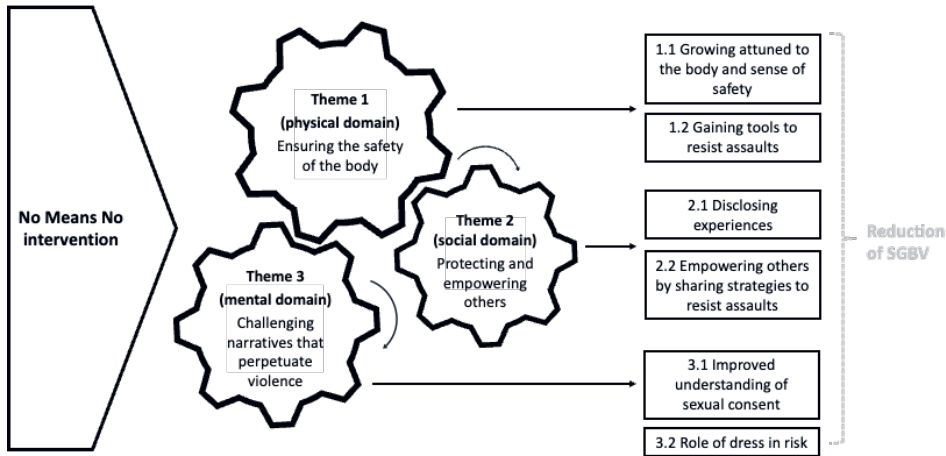
The NMN empowerment-based self-defense intervention was adapted and implemented in South African schools during a time of major disruption due to the COVID-19 pandemic. While the intervention aimed to equip adolescent girls with the tools to prevent and resist sexual violence, its effectiveness was constrained by contextual barriers and delivery adaptations.

The randomized controlled trial found no statistically significant difference in self-reported sexual violence at 12-month follow-up between the intervention and control arms. However, qualitative data revealed that the shortened format (8 hours instead of the standard 12), limited physical skill practice, and school

closures disrupted the fidelity and consistency of program delivery. Educators and implementers also faced challenges coordinating across rapidly changing school schedules and pandemic-related safety protocols (Hartmann et al., 2025).

Despite these limitations, many girls reported increased confidence, awareness of their rights, and a stronger sense of self-efficacy (see Figure 4). These outcomes may not immediately translate to reduced violence exposure but are still valuable for long-term resilience. The mixed results suggest that while adapting interventions for crisis contexts is necessary, doing so without compromising their core components is critical to maintaining impact.

Figure 4. Qualitative themes of change according to the Developmental Theory of Embodiment



Source: Hartmann M. Understanding and preventing sexual and gender-based violence among South African youth during public health crises: Karolinska Institutet; 2025. Available from: https://openarchive.ki.se/articles/thesis/Understanding_and_preventing_sexual_and_genderbased_violence_among_South_African_youth_during_public_health_crisis/29064155

Policy implication: Violence prevention interventions must be both resilient and responsive. Swedish development cooperation should support programs that can be rapidly adapted in crisis settings without sacrificing quality or core mechanisms of change. This includes investing in preparedness planning, training local implementers in flexible delivery models, and ensuring that program adaptations are co-developed with communities. Evaluation of these adaptations should go beyond outcome metrics to assess implementation fidelity, feasibility, and participant engagement.

3.4 Mental health and embodied impact: safety, confidence, and the invisible gains

Across both studies, mental health emerged as one consistent and powerful factor shaping young people's exposure to GBV. Adolescents reporting symptoms of anxiety and depression were significantly more likely to experience multiple forms of violence, at home, in relationships, and in the community (Hartmann et al., 2023, Hartmann et al., 2024). These associations suggest that mental health was not only a consequence of GBV but also a key vulnerability factor during the pandemic.

While the COVID-adapted No Means No intervention did not significantly reduce rates of sexual violence (Hartmann et al., 2025), qualitative findings point to important embodied and emotional outcomes among girls who participated. Many described feeling stronger, more alert to danger, and more confident asserting their boundaries. For some, the program offered the first opportunity to reflect on their rights and safety (Hartmann, 2025). These shifts, though difficult to quantify, can lay the groundwork for longer-term resilience, self-advocacy, and help-seeking.

Importantly, the intervention did not appear to increase distress or re-traumatization, even among participants with prior experiences of violence. This affirms the potential for trauma-informed, psychosocial programming to be safely delivered in high-stress contexts, when implemented with care and contextual sensitivity.

Policy implication: Efforts to prevent GBV among youth must address the mental health dimensions of violence risk. Swedish development assistance should integrate mental health and psychosocial support into GBV programming, especially in crisis-affected settings. This includes supporting interventions that foster not only safety, but also emotional wellbeing, confidence, and

connection. Measuring success should go beyond incident reduction to include youth voice, agency, and perception of safety.

4 Conclusion

The COVID-19 pandemic revealed and magnified existing vulnerabilities among adolescents in South Africa, particularly in relation to GBV. This dissertation shows that violence during public health emergencies is not just a spike in numbers, it is a complex, context-dependent experience that shifts based on mental health, structural inequality, and access to protective systems like education and employment, or supportive families.

The findings suggest that development actors must adopt multi-layered, youth-centered approaches to GBV prevention, especially in times of crisis. Programs must be flexible enough to adapt, yet grounded enough in local vulnerabilities to retain their core integrity. More than this, they must be trauma-informed, linked to mental health and social support, and sensitive to the broader environment in which young people live. Strategies that don't simultaneously address structural inequalities are unlikely to succeed, particularly in high-inequality contexts such as South Africa.

For Swedish development assistance, the study offers concrete lessons. It calls for a shift toward crisis-responsive, equity-driven programming that understands prevention not only as protection from harm but as support for wellbeing, agency, and long-term resilience. Sweden's longstanding leadership in gender equality, education, and rights-based approaches positions it well to lead in this space, particularly if aid strategies continue to evolve in response to complex, overlapping crises.

Key findings and policy recommendations

Recognize intersectional vulnerabilities: Aid responses should account for overlapping risk factors such as poverty, mental health, and education and employment exclusion, which heightened GBV risk during the pandemic.

Plan for fluctuating and long-term risk: Support must extend beyond immediate lockdown periods. Ongoing exposure to violence requires longer-term engagement with youth prevention and protection systems.

Invest in adaptable but high-fidelity interventions: Crisis adaptations should preserve core program components. Support implementers with tools for maintaining quality in disrupted settings.

Integrate mental health and trauma-informed care: Programs that combine self-protection with emotional support build lasting protective capacity, even when violence cannot be immediately reduced.

Use youth voice and experience to define success: Impact should not be measured only by reductions in violence, but also by increases in confidence, safety, agency, and connection.

Support flexible, multi-sectoral crisis responses: Siloed programming is inadequate in the face of complex emergencies. Swedish development aid should strengthen cross-sector collaboration across education, mental health, and GBV prevention.

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The COVID-19 pandemic and the lockdowns had far-reaching impacts beyond infection, compounding existing gender inequalities and exacerbating risks of gender-based violence, especially among youth in low- and middle-income countries. This brief summarizes a dissertation exploring young people's exposure to gender-based violence in South Africa during the pandemic.

Den globala covid-19-pandemin och de nedstängningar som följde i många länder fick långtgående konsekvenser bortom själva smittan. Redan existerande ojämlikheter mellan könen förstärktes och ökade riskerna för könsbaserat våld, särskilt bland ungdomar i låg- och medelinkomstländer. Denna rapport sammanfattar en avhandling som har undersökt ungas utsatthet för könsbaserat våld i Sydafrika under pandemin.

This is a Development Dissertation Brief (DDB), where EBA gives recent PhDs the opportunity to summarise their dissertation, focusing on its relevance for Swedish development cooperation. If you are interested in writing a DDB, please contact us: ud.eba@gov.se



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