

REVIEW ARTICLE

Social context of intimate partner violence and
system response during COVID-19 in Africa:
A scoping review

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(This article belongs to *Special Issue: Population and Reproductive Health Dynamics under Covid-19 in Sub-Saharan Africa*)

Abstract

Intimate partner violence (IPV) stands as a global social and public health crisis deeply rooted in extensive social and cultural contexts. The onset of the COVID-19 pandemic has disproportionately affected social interactions. This scoping review aims to synthesize evidence on the social contexts of IPV and system responses to COVID-19 in Africa. Adhering to the Arksey and O'Malley (2005) approach, refined by the Joanna Briggs Institute (2020), this review encompassed relevant literature from bibliographic databases, institutional websites, and electronic libraries from January 2020 to December 2021. The search was executed in three phases across databases, including Social Science Database and Sociological Abstract (through EBSCO), Africa Journal Archive, ProQuest (Coronavirus Research Library; Middle East and Africa Collection; Psychology, Sociology, and Social Science Database), and Google Scholar, also extended to the World Bank e-Library, the BBC portal, and pertinent websites. Briggs's (2020) recommendations guided the screening, focusing exclusively on English language articles. Convergent synthesis of extracted information utilized thematic analysis and, when applicable, descriptive statistics. Of the 14 articles meeting inclusion criteria, results revealed varied incidences of IPV during the COVID-19 pandemic, encompassing emotional, economic, and violence among minors. Women's experiences of daily IPV realities during the outbreak and lockdown hinged on contextual factors and relationship dynamics. Emotional and economic violence was predominant, with limited IPV cases among minors. State and non-state responses were inadequate, reactionary, and insufficiently transformative for the complex emergency posed by COVID-19 on livelihoods and intimate relationships. Pre-existing IPV instances lacked sensitivity in the preparedness and measures for gender inequalities within intimate relationships. While IPV was reported, both state and non-state actors exhibited notably deficient responsiveness.

Keywords: Africa; COVID-19; Intimate partner violence; Lockdown measures; Social contexts; System responses

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Citation: Agunbiade, O.M., Akinyemi, A.I., Obasola, O.I., Mobolaji, J.W., Abe, J.O., Ekundayo, O.O., *et al.* (2023). Social context of intimate partner violence and system response during COVID-19 in Africa: A scoping review. *International Journal of Population Studies*. <https://doi.org/10.36922/ijps.367>

Received: September 19, 2022

Accepted: December 1, 2023

Published Online: December 29, 2023

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Publisher's Note: AccScience Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

1. Introduction

The emergence of COVID-19 and the abrupt introduction of lockdown measures in both developed and developing countries have given rise to unintended consequences on various social institutions, networks, and interpersonal relationships. Documented evidence underscores the diverse impacts on all social institutions, spanning the economy, international relations, religious organizations, and marriages (Peitzmeier *et al.*, 2022), which continue to grapple with the lingering effects of the pandemic and the associated restrictions on movement and interactions. At the interpersonal level, particularly within intimate relationships, the impacts exhibit gendered nuances, rendering both men and women vulnerable, although to varying degrees and contingent upon the availability of a support system to mitigate the impact. Disruptions in incomes occurred as economic activities were impeded within and across national boundaries. Notably, certain sectors, such as the information and communication technology industry, gained increased prominence and timeliness in the face of these disruptions. These disruptions further exacerbated inherent tensions within interpersonal relations, especially in aspects related to well-being, insecurity, and relationships (Furbush *et al.*, 2021). The restrictions on movements and interpersonal interactions compelled individuals with pre-existing tensions and strained relationships to engage more frequently, increasing the likelihood of experiencing various forms of violence, abuse, or maltreatment. The gender insensitivity inherent in the lockdown measures, coupled with the absence of a quality and responsive support network, may have exacerbated the situation for some women, especially in social settings where patriarchal values dominate and are exemplified within intimate relationships (Ceroni *et al.*, 2021).

1.1. Literature review

Before the COVID-19 pandemic, intimate partner violence (IPV) remained dominant among various forms of violence, abuse, and maltreatment. This dominance can be partially attributed to its entrenchment and embeddedness in broader social and cultural contexts (Moreira & Pinto da Costa, 2020). Intimate relationships, being inherently gendered, yield multiplier consequences for the well-being of survivors and others in their networks. The emergence of the pandemic led to multiple postulations, with one notable expectation being that IPV could become more prevalent and exacerbated in both incidence and prevalence. The premises for such a potential surge was rooted in the absence, inadequacy, and insensitivity of containment measures to address existing gendered tensions and differentials within intimate partner relationships. Intimate partner relationships are universally acknowledged as a social and public health

concern. Examining the social contexts that influence these relationships can provide valuable understanding of the gender-based differences in vulnerability that exist within networks and structures of relationships. This scoping review aims to identify existing evidence on social contexts of IPV, with a particular focus on sub-Saharan African contexts. The goal is to gain insights into system response across diverse settings during the pandemic period.

Contexts play critical roles in the derivative impacts of COVID-19. Despite the variants, the virus remains consistent across cultures, especially in terms of symptoms and potential consequences for hosts worldwide. Social networks and relationships have undergone differentiated and gendered experiences in individual countries during the outbreak, as well as the accompanying measures to curb its spread (Amzat *et al.*, 2020). From around March 2020, when African countries started recording index cases of COVID-19, governments adhered to established protocols for managing the COVID-19 pandemic, implementing isolation, social distancing, and movement restrictions (Amzat *et al.*, 2020). In locations where such measures were enacted, cases of IPV escalated, involving multiple sexual partners (Agüero, 2021; Donato, 2020; Moreira & Pinto da Costa, 2020). Couples and families were compelled to share spaces and spend more time together (McNeil *et al.*, 2023). The reported growth in IPV cases appears to be a cross-cultural phenomenon. McNeil *et al.* (2023), in a rapid review, reported a preliminary spread and increase in IPV cases. Similarly, Leslie and Wilson (2020) had earlier reported a 7.5% increase in IPV within the first 3 months of lockdown in some metropolitan areas of the United States. In China, cases of IPV tripled in the first quarter of 2020 compared to the previous year (Roesch *et al.*, 2020; Zhang, 2020). In 2020, a similar increase was recorded in a small-scale survey conducted in Ethiopia (Tadesse, *et al.*, 2022). The survey, featuring 589 married women, revealed that an appreciable proportion (22.4%) reported experiencing some forms of IPV, with a considerable number reporting multiple forms, including physical, psychological, and sexual violence during the pandemic (Tadesse *et al.*, 2022).

The novelty of COVID-19, akin to other complex emergencies, contributes in part to the much-needed evidence that can inform appropriate policies, measures, and interventions to mitigate the disruptions in socioeconomic structures and networks of relationships. Before the onset of the COVID-19 pandemic, Africa was already one of the regions with the highest prevalence of IPV. A systematic review and meta-analysis of cross-sectional studies on gender-based violence (GBV) against women in sub-Saharan Africa conducted in 2020 by Muluneh *et al.* reveal a prevalent rate of domestic violence in

Africa at 44% (Muluneh *et al.*, 2020). Moreover, variations exist across countries in sub-Saharan Africa regarding the prevalence of IPV, ranging from approximately 30% to nearly 60% (Bamiwuye & Odimegwu, 2014). The conducive environment for IPV in Africa suggests that the region may be disproportionately affected due to inherent deficiencies in social institutions and the excruciating effects of the political economy on households and relationship networks. In many African communities, patriarchal beliefs, values, and expectations may exacerbate the gendered nature of IPV, with women often emerging as the primary victims. Gender inequalities, low women's status (Oyediran & Feyisetan, 2017), poverty, a low level of education, and issues such as drunkenness are commonly associated with men who perpetrate various forms of gender violence across African communities (McCloskey *et al.*, 2016).

Comparatively, Africa lags in sufficient and synthesized evidence on the impacts of COVID-19 on social relationships, the inherent institutional and structural weaknesses, and the attendant effects on well-being and inequalities on the continent. Organized evidence is needed to expand the frontiers of knowledge, policy, and practice. The immediate relevance of this form of evidence is critical, considering the unappreciated isolation and the "stay at home" orders issued by most African countries during the COVID-19 pandemic. It is unclear how these measures influenced the contexts, incidence, and prevalence of IPV in Africa. What could be used as evidence during these times was also limited by the lack of nationwide surveys, places where evidence could be collected, and the need for social distance and isolation. Despite these limitations, a scoping review that adopts mixed methods with a convergence orientation will help bridge existing knowledge gaps. We hope that this review will show how systems, including those of state and non-state actors, have responded to the rise in IPV cases, as well as the nature of the measures, interventions, and policies that were introduced in response to vulnerabilities during the period.

1.2. Research questions

The review was guided by questions that can facilitate evidence mapping and synthesis on IPV's occurrence within the period under consideration and the responses from state and non-state actors. The specific questions are as follows: first, did COVID-19 increase cases of IPV in Africa? Second, what was the response system to IPV in the settings from which the articles and reports emanated? Finally, are there concrete systemic intentions to modify or design an emergency response framework that can be deployed and accessed by those in need?

2. Data and methods

The review was conducted following suggested refinements to earlier approaches, as outlined in the Methodological Guidance for Scoping Review by the Joanna Briggs Institute (Peters *et al.*, 2020). The refined suggestions allowed the use of a mixed-method approach in the extraction and synthesis of the evidence, as well as in presenting the results from the review. The research questions for this review were designed to understand the social contexts representing the settings of IPV occurrence, considering factors such as the gender dynamics of the partners involved, their marital status, and the geographical space of occurrence (Africa). In addition, the questions sought to understand the meanings attached to such forms of violence among the social actors involved and the subsequent reactions or actions. In terms of actions, the focus leaned toward formal, institutional, or system responses, as opposed to the expected or unexpected reactions that IPV occurrences attract. Specifically, attention was given to the types and forms of support available in the settings where cases of IPV were reported, the frequency of access, and the perceived relevance of available support within existing systems. The evidence syntheses from the selected articles and documents also used a broad sense of categorization of system response.

2.1. Search strategy

An information scientist with relevant expertise structured the search strategy with input from the lead author and three other authors of the present article. The inclusion and exclusion criteria were discussed iteratively among all authors to ensure clarity in the screening and extraction of relevant information. The search strategy was executed in phases to encompass both published and unpublished literature from a wide range of sources (bibliographic databases, institutional websites, and electronic libraries). The employed search techniques included conventional subject searching, reference list checking, citation searching, and direct contact with subject matter experts.

Our initial searches traversed the Coronavirus Research Library; Middle East and Africa Collection; Psychology, Sociology, and Social Science Database (through ProQuest), Academic Search Complete, Africa-Wide, Medline Complete (all through EBSCO), and Google Scholar. Text words present in the titles and abstracts of the search results were analyzed to identify keywords within both natural language and controlled vocabulary. This process facilitated the development of a list of general and sub-categories of terms pertaining to IPV and COVID-19.

The terms generated through the process were carefully applied in searching selected bibliographic databases

and websites using Boolean operators (refer to [Appendix](#) for the complete list of search terms). For each database and website, search strings were modified and adapted to ensure the retrieval of relevant published and unpublished studies in English from March 2020 to December 2021. The search results were filtered based on the geographical region (sub-Saharan Africa). Detailed information about the databases, institutional websites, and other sources searched is presented in [Appendix](#).

2.2. Inclusion and exclusion criteria

Studies reporting IPV cases in Africa were eligible for inclusion in this review. In addition, studies addressing reactions, strategies, interventions, and policies related to IPV published between January 2020 and December 2021 were considered. This review exclusively targeted studies published in the English language.

Reports, cases, experiences, stories, and studies discussing IPV in locations outside Africa or presented in languages other than English were not included in this review.

2.3. Participants

The target population for this review includes males, females, youths, young adults, older adults, adolescents or young people, as well as teens or teenagers involved in the reports, cases, and studies regarding experiences of IPV.

2.4. Context

The emphasis of this review rests on the availability of evidence or reports depicting cases, experiences, and stories of IPV within African contexts. Our focus extends to system responses, encompassing targeting measures, interventions, reactions, and efforts taken or under consideration by government agencies and their representatives, high commissions, and other governmental agencies in Africa. For non-state actors, the focus extended to religious bodies, community-based organizations, and other non-governmental organizations. We assessed the responses of both state and non-state actors in terms of the steps taken to advocate for measures, initiatives, or interventions addressing IPV, with the aim of mitigating vulnerability. In addition, we considered responses in the form of support provided to victims, aiming to reduce potential effects on their well-being and improve their resilience. Responses initiated to either punish or rehabilitate perpetrators were also considered at the systemic level.

2.5. Analytical framework for organizing the extractions

The analysis of the extracts commenced with a detailed examination of the research questions and the aim of the review. Both inductive and deductive coding approaches

were adopted to make sense of the evidence, contexts, and interpretations related to reported cases of IPV. The coding process was conducted collaboratively by the first four authors across three levels: first, second, and third order. The process provided an opportunity to refine the codes for a deeper sense of the extractions from the selected articles and reports. At the first level, the analysis sought to understand the contexts of the occurrence of each reported IPV case and the basic narratives provided. In addition, this level facilitated the identification of statistical information on the occurrence of IPV across the settings of interest. At the second-order level, the focus shifted to the responses from both state and non-state actors, assessing whether emergency efforts or interventions were introduced as a response to address inherent vulnerabilities during the COVID-19 pandemic. The third-level analysis delved into the forms, processes, actors involved, and the quality of response from these actors. Analysis at the fourth level involved the integration of identified issues into themes and sub-themes, providing a more comprehensive understanding of both the IPV cases and system response.

3. Results

The 14 articles that met the inclusion criteria spanned regions across Eastern, Western, Northern, and Southern Africa. Among these, three articles originated from Nigeria, two from South Africa, and two from Uganda. Of these seven papers, three adopted qualitative approaches, two took the form of surveys with a focus on the influence of COVID-19 on mental health, and three were reviews ([Figure 1](#)). The remaining articles included a review of the legal framework for the recognition, evidence gathering, and prosecution of perpetrators in three African countries (Sudan, Malawi, and Kenya). Two additional articles adopted a comparative approach, focusing on the impact of the COVID-19 pandemic on evidence gathering, documentation, and challenges in evidence collection for the protection of survivors of sexual and gender-based violence (SGBV), with implications drawn from both the COVID-19 pandemic moments in France and Cameroon. Hailing from the northern part of Africa, one article emerged from Tunisia, presenting an online survey on the effect of the COVID-19-related lockdown on mental health and GBV among Tunisian women. The second article, originating from Morocco and framed as a newspaper report, provides narratives depicting women's experiences of violence during the COVID-19 lockdown in Morocco. A common theme among these articles centers on the pre-existing vulnerability of women to IPV before the pandemic. The predominant skewness in social arrangements, favoring men in terms of opportunities and privileges, was widely accepted as a potent explanation,

distinctly separated from considerations of women's biological composition.

3.1. Prevalent IPV across different social categories in Africa during the COVID-19 lockdown

The COVID-19 lockdown has compelled individuals to cohabit regardless of compatibility, resulting in vulnerable groups, especially women and children, being trapped with dangerous abusers and violent partners. For instance, one of the reviewed articles revealed a general surge of approximately 30% in IPV cases in certain contexts (Tochie *et al.*, 2020). In other contexts, IPV cases exceeded twice the usual frequency, predominantly reported by women who endured physical, psychosocial, sexual, and economic abuse from intimate partners (Muluneh *et al.*, 2020).

However, as described in another study, IPV was less prevalent in specific contexts during COVID-19 (7.2%) compared to the pre-COVID period (13.5%) (Ojeahere *et al.*, 2022). Given that the study relied on retrospective data collected through social media, the pre-COVID IPV experiences might have been over-reported or the post-COVID-19 experiences under-reported, depending on the timing of data collection. The study's observation of decreased IPV during the early phase of the pandemic further suggests the need for further interrogation of the findings.

3.2. Emotional abuse

Emotional abuse holds significant consequences for individuals' mental health. Psychological symptoms such as feelings of hopelessness, failure, depression, and irritability were associated with IPV during the lockdown (Ojeahere *et al.*, 2022). An article assessing the impact of the COVID-19 lockdown on women's mental health and GBV revealed that over half (57.3%) of the women reported extreme forms of severe distress. Those with a history of mental illness also suffered from severe symptoms of anxiety, stress, and depression, often linked to experiences of emotional abuse during the COVID-19 lockdown (Sediri *et al.*, 2020). The study further stated that some of the respondents faced challenges accessing social media due to abuse from their partners. The lockdown intensifies the strain on the already negative relationships among couples and partners compelled to cohabit despite strained relationships. One study highlighted that emotional violence was the most frequently reported form during the COVID-19 lockdown (Tochie *et al.*, 2020). Another study, comparing the prevalence of IPV before and during the pandemic, substantiates this observation by stating that the experience of emotional violence was the most reported among IPV victims during the lockdown (Ojeahere *et al.*, 2021).

3.3. Economic abuse

The COVID-19 lockdown has also impacted the economy and livelihood of families, with potential implications for economic aggression resulting in GBV within the families. One of the articles argued that the lockdown was associated with IPV in relation to the disruption of women's income generation and economic stressors (Fawole *et al.*, 2021). The patriarchal nature of African family settings, which subverts women's economic independence or decision-making under the authority of the male partner, perpetuates and institutionalizes economic violence against women during the lockdown. Another study described that IPV during the pandemic was more prevalent for women earning below \$83 USD per month or whose intimate partner earns below this threshold, as well as for women experiencing unintended pregnancies during the lockdown (Tochie *et al.*, 2020).

COVID-19 could have a negative impact on SGBV in South Africa due to economic disruption. In the Western Cape, for instance, Parry & Gordon, 2021, argued that black working women are particularly at risk of experiencing IPV during the COVID-19 lockdown due to their poor living conditions and already compromised access to health, safety, policing, and socioeconomic needs (Parry & Gordon, 2021). The study further emphasized that women in these contexts are more vulnerable to IPV due to the structural dimensions of their contexts (Parry & Gordon, 2021).

3.4. An increase in IPV among minors

The COVID-19 lockdown also potentially amplifies the incidence of IPV, particularly affecting minors. For instance, an article reported that during the COVID-19 pandemic, the majority of individuals seeking help as IPV survivors were minors aged below 16 years. This is potentially linked to children being left alone and consequently being more vulnerable to SGBV during the lockdown when schools were closed (Rockowitz, *et al.*, 2021).

3.5. A hike in the eviction of women from homes and a fight over the custody of children

Findings revealed pre-existing instances of IPV before the lockdown, with a notable increase in both the frequency and severity of episodes during the lockdown period. Physical, economic, psychological, and sexual violence emerged as the most frequently reported forms of abuse in these cases. Commonly reported were threats of eviction from homes, coupled with disruptions in income during the period. The sources of support for victims were adversely affected, with restrictions on movement and escalated threats from perpetrators exacerbating their

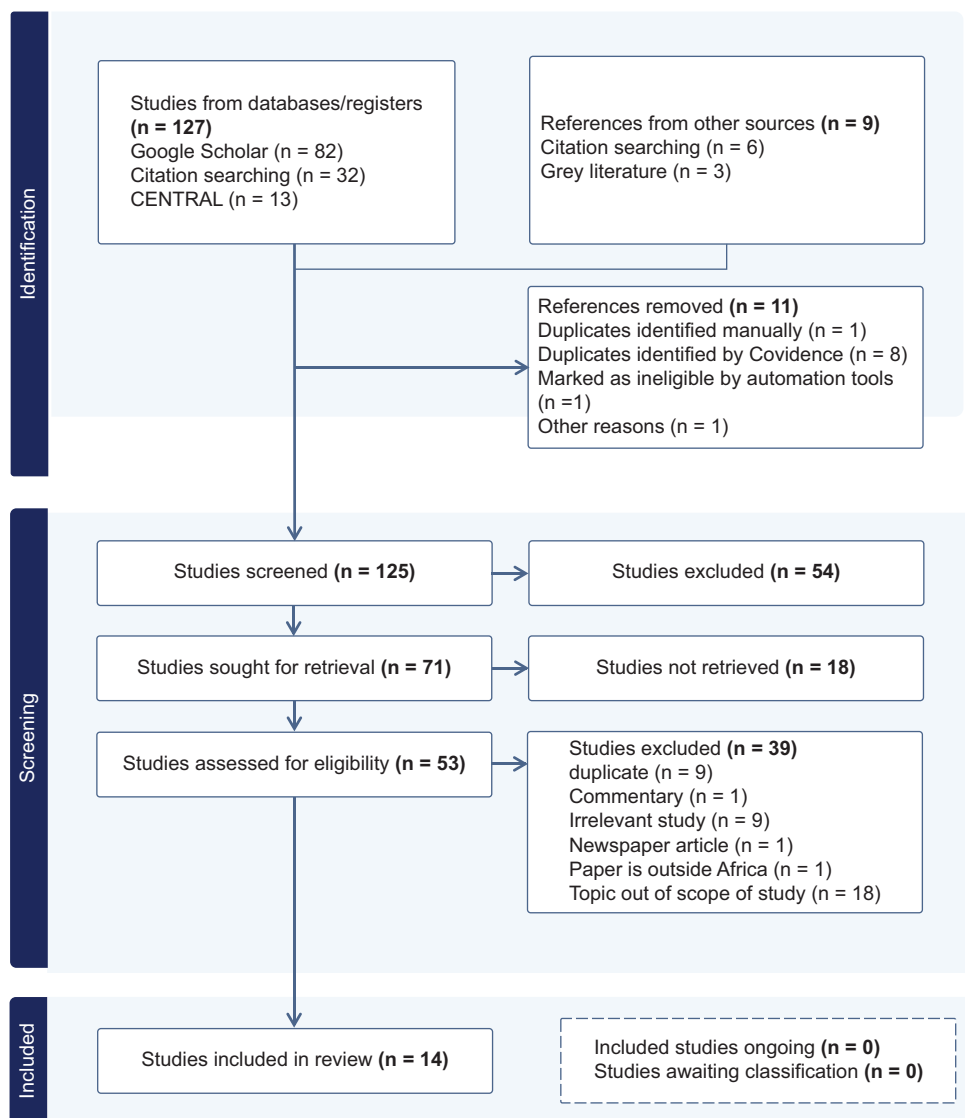


Figure 1. PRISMA table for this review.

situation. In addition, instances of IPV were observed in relation to threats of evicting women from their homes, couples' separation, and fights over custody of children – all associated with the challenges posed by the lockdown (Fawole *et al.*, 2021).

3.6. Sense of precariousness in responses of state and non-state actors to IPV

The conclusions tend toward a consensus that IPV persists in most communities and countries covered in this review. A significant rationale for anticipating challenging circumstances for those involved in intimate relationships lies in the pre-existing fragility of social structures and the response framework. These traits are evident across the 10 African countries featured in the selected articles

and documents. The COVID-19 pandemic disrupted all spheres of interaction as the world system grappled with the need for a new normal to cope with the challenges. Partners and spouses engaged in intimate relationships were further predicted to likely experience violence in various forms due to factors such as patriarchy, inadequate policies, and shortcomings in existing response systems. Proposing such a prediction in South Africa, Parry & Gordon (2021) reflected on the existing fragile situation of black women and postulated a potential increase in IPV among black working women in the Western Cape. They argued that black working women were particularly at risk due to their challenging living conditions and already constrained access to health, safety, policing, and socioeconomic needs. Extracts from the policy review

on Cameroon by Tochie *et al.* (2020) also postulated the intersections between structures and networks of relations in predisposing women to gender violence, and with COVID-19, more cases were reported to have occurred.

Precarious relationships and pre-existing health conditions further predisposed certain women to experience IPV during the pandemic. Extracts from a cross-sectional survey conducted among women with a history of mental illness in Tunisia revealed that more than half of these women reported experiencing more abusive incidents during the COVID-19 lockdown compared to the period preceding it (Sediri *et al.*, 2020). In addition, these women endured heightened episodes of depression, anxiety, and challenges in social interaction, including sharing or presenting their experiences in social media spaces. Importantly, the peculiarity of their health status proved inconsequential in defining what qualifies as effective and socially inclusive care during complex emergencies.

The extracts from the study by Mbulayi *et al.* (2021) on the psychosocial consequences of the COVID-19 pandemic highlight a worsening mental health problems among the study participants. Those reporting such experiences cited phobias, anxiety, unhappiness, and insomnia as prevalent symptoms attributable to the pandemic. The heightened concerns about contracting COVID-19 had a negative impact on their sense of safety, with increased anxiety about potential mortality. In addition, some of the respondents manifested false symptoms of COVID-19. The psychosocial consequences of COVID-19 intensified as many of the respondents abandoned their sources of livelihood in compliance with the government-recommended protocol for curbing the spread of COVID. Notably, women were disproportionately affected, with cases of domestic violence on the rise.

3.7. Response systems and measures traceable to the reported IPV during COVID-19

This review indicates a propensity for approaching all identified cases from a reactionary stance within the landscape of IPV cases in Africa. This pattern appears consistent across the limited articles and documents included in this review from the 10 African countries (Cameroon, Kenya, Malawi, Morocco, Nigeria, Sudan, South Africa, Tunisia, Uganda, and Zimbabwe). The expectation was for both state and non-state actors to collaborate and engage in addressing the potential impact or consequences of the pandemic. However, the system also captures certain forms of tension and dissociation within the response system and the measures implemented during the early stages of the COVID-19 outbreak.

Drawing from the existing legal framework and responses to the impact of COVID-19 on IPV in Kenya, Malawi, and Sudan, Ahmed *et al.* (2021) described the presence or absence of laws and protocols aimed at addressing vulnerability to IPV in these three African countries. The Kenyan constitution provides guidelines and ensures the protection of citizens' lives against IPV. The Sexual Offences Act of 2006 safeguards everyone from harm arising from sexual acts. Similarly, Malawi boasts seven gender-related laws designed to eliminate GBV within domestic relationships. Conversely, the situation in Sudan diverges significantly, as there are no laws against IPV within the country's legal framework. This absence is attributed to the prolonged years of violence and family law, rendering it practically impossible to prosecute perpetrators of domestic violence.

In Malawi, Police Victim Support Units were established in all districts to respond to and prevent all forms of GBV. However, survivors of IPV faced challenges in accessing IPV prevention and response services due to the limited capacity of relevant service providers, who shifted their focus to COVID-19. The police response to IPV cases was hampered by a shortage of personal protective equipment (PPE), leading to concerns about COVID-19 infection. Travel restrictions, transportation costs, and the fear of COVID-19 infection further prevented some women from accessing IPV prevention and response services. A sense of modification from the pre-pandemic situation was observed. In August 2020, the Kenyan police introduced PoliCare, a one-stop model police station where survivors can access critical multisectoral services. However, these services are exclusively available to residents of Nairobi City (Ahmed *et al.*, 2021).

Lobbying by civil society, driven by the surge in GBV cases, resulted in increased funding from foreign donors. This funding is aimed at hiring counselors, promoting services provided by the GBV hotline, reinforcing referrals to survivors, and establishing toll-free hotlines, phone calls, and virtual platforms for counseling services. Unfortunately, these services were exclusive, catering primarily to middle-class women. In recognition of this limitation, certain organizations addressed the issue by training and deploying community health volunteers to support women and girls within their communities, providing psychological first aid. Kenya, in particular, exemplified how trained community health workers could deliver IPV prevention and control services to survivors from marginalized groups lacking access to the internet or phone services during the period of COVID-19 infection control and prevention measures. It is noteworthy that the three countries had helplines designed to support IPV

survivors. However, these services were only accessible to a marginal section of the population.

Ahmed *et al.* (2021) argued that Sudan and Kenya lack adequate guidelines for prevention and response services. In Kenya, the inclusion of GBV in the COVID-19 response plans only occurred following pressure from civil society, underscoring the influential role of civil society in IPV prevention. Conversely, Sudan lacks both a prevention and response plan, attributed to a deficiency in political will and a legal framework supporting the establishment of services, despite a notable increase in cases of marital rape during lockdown. Gender inequalities prevalent in these countries contribute to the weak enforcement of GBV laws, with the absence of a well-resourced functional system to address the needs and concerns of IPV survivors and prevent IPV across all three countries (Ahmed *et al.*, 2021).

Non-state actors appeared handicapped in addressing the challenges posed by the pandemic; the need for more concrete and focused efforts from churches, which are critical actors, was absent in the Magezi & Manzanga (2020) accounts. The extracts from the study called for public pastoral care roles as more members suffered one form of loss or another during the lockdown periods. More transformative interventions and measures were proposed and predicted to have more meaningful impacts on members, particularly in upholding the dignity of women when integrated within measures from other sectors. Despite these assertions and the potential effectiveness of adopting multisectoral strategies and measures, none of the responses reflected an understanding of the situation. Affirming this neglect, Parry & Gordon (2021) argued that even among black women in the Western Cape, South Africa, the one-size-fits-all strategy adopted was oblivious to the precarious spaces promoting vulnerability to IPV among women. Similar situations were portrayed in the policy review in Cameroon, where the implementation of COVID-19 confinement laws proved insufficient to curb cases of sexual and GBV (Tochie *et al.*, 2020). The responses and measures introduced exhibited blindness and gender insensitivity in curbing the further spread of COVID-19 in South Africa and other settings in Africa, necessitating a reconsideration.

4. Discussion

IPV is a psychosocial phenomenon that occurs within contexts and relationships marked by low tolerance and inherent oppression. This review systematically maps the literature concerning the exacerbation and contexts of IPV during the COVID-19 outbreak and the subsequent implementation of lockdown measures across various social settings in Africa. Challenges within intimate

relationships, socioeconomic pressures, and patriarchal skewness surrounding resource access and sharing render women in many African communities vulnerable. The COVID-19 outbreak in Africa prompted governments and key decision-makers to implement measures aimed at curbing the spread of the virus and mitigating its consequences for those already affected and the general population. Unfortunately, the widespread adoption of lockdown measures, without due consideration for gender differences and structural deficiencies, has exacerbated various forms of IPV within different contexts and relationships. The anticipation of a surge in IPV stems from prevailing structural challenges and a policy environment that has demonstrated insensitivity to gender inequity (Amzat *et al.*, 2020). During the pandemic, the prevalence rate of IPV was notably high, with variations across different contexts. The implementation of COVID-19 outbreak and lockdown measures has exacerbated the situation across all contexts considered in this review (Ahmed *et al.*, 2021; Amzat *et al.*, 2020; Fawole *et al.*, 2021; Magezi & Manzanga, 2020; Mbulayi *et al.*, 2021; Sediri *et al.*, 2020; Tochie *et al.*, 2020). To comprehensively assess the prevailing response system to IPV in the settings from which the articles and reports originated, it is crucial to initially determine whether there was a concrete systemic intention to modify or design an emergency response framework that could be deployed and accessed by those in need.

Despite variations in prevalence across contexts, this review revealed heightened occurrences of emotional abuse, economic abuse, and increased minor IPV. The effects of IPV on women in Tunisia, Morocco, Zimbabwe, and South Africa exhibited variability. The review underscores how societal structures contribute to women's vulnerability to IPV, and the COVID-19 pandemic exacerbates this issue. The psychosocial consequences of contracting COVID-19, coupled with limited protective measures against its spread, further affected the emotional and psychological stability of some women. These findings from the review highlight the limited available and utilized options during the early stages of the COVID-19 outbreak in Africa.

The article by Fawole *et al.* (2021) further revealed that women who experienced emotional and physical violence, along with their children, faced threats of homelessness from their partners or spouses. The responses from both state and non-state actors to reported cases of IPV failed to capture the peculiarities of each situation and the introduced measures.

This review affirms concerns raised by various stakeholders regarding the gender insensitivity of lockdown measures and how this approach could have

exacerbated the reported prevalence of IPV. Nonetheless, the situations and relationships contributing to women's vulnerability to IPV remained inadequately addressed. The included articles highlighted gaps in addressing these issues, intensifying the vulnerability of women who were already at risk (Fawole *et al.*, 2021; Magezi & Manzanga, 2020; Mbulayi *et al.*, 2021; Parry & Gordon, 2021; Tochie *et al.*, 2020). Moreover, these articles shed light on policy gaps and the fragility of social structures and support systems, hindering retribution and rehabilitation efforts for victims and perpetrators of IPV (Sediri *et al.*, 2020; Tochie *et al.*, 2020).

The unpreparedness of existing systems to manage complex emergencies, such as the COVID-19 pandemic, is evident in the pervasive sense of hopelessness accompanying it. The consequences of COVID-19 intersect across various sectors, posing challenges for a meaningful and swift response within current frameworks. Parry & Gordon (2021) argued that addressing vulnerability to IPV among women requires improved living conditions, enhanced economic opportunities, and access to essential health-care services. This includes effective policing in vulnerable neighborhoods and enhanced responsiveness to IPV complaints and cases. They express skepticism about the readiness and likelihood of resolving existing structural deficits and economic challenges in South Africa, which consequently heighten vulnerability for women and other social categories. Understanding the concomitant impact of COVID-19 on IPV and the system's response is crucial when addressing the issue.

Factors contributing to relationship instability and underlying health conditions are sometimes beyond individual control and lifestyle choices. One of the included articles demonstrated how women with previous mental health challenges had more negative experiences during the lockdown than before. The evidence highlights a significant gap in mental health promotion, as women with such conditions were inadequately considered, leading to more complications being reported among women in Tunisia (Sediri *et al.*, 2020). It is important to note that women in these contexts face increased vulnerability to IPV due to the structural dimensions of their contexts.

The response systems and measures outlined in the included literature reflect a lack of responsiveness to contextual predisposing factors, necessary support contexts of occurrence, alternative support networks, and the impact of the COVID-19 pandemic. The identified limitations and gaps in response measures, as described in the articles, underscore a failure to adequately protect the situations and experiences of the women most affected. The vulnerability of women to IPV during the lockdown

periods received limited attention across contexts. The neglect of these women during critical moments can be attributed to multiple factors. Some of these factors include inherent limitations and inequities in existing structures, including policies that fall short of mitigating vulnerability in precarious spaces and complex emergencies. From all the articles included in this review, the measures implemented were not specifically targeted at addressing IPV, except in cases where reporting is encouraged but prosecution becomes challenging.

Response and support from non-state actors appeared to be lacking in the literature included. This observation is particularly notable in the context of Zimbabwe, where Magezi & Manzanga advocate for a more responsive approach to addressing IPV and its impact during the COVID-19 pandemic. Exploring such efforts, especially considering that churches, prominent non-state actors, possess a grassroots presence and a broad membership base that is vulnerable and in need of protection and rehabilitation from IPV (Magezi & Manzanga, 2020).

This review has some limitations that merit consideration. The literature primarily focuses on explaining and assessing the impact of COVID-19, the implemented measures, and their respective contexts. Some of the included articles utilized cross-sectional designs with data collected retrospectively through social media, capturing the pre-COVID IPV experience. Depending on the timing of data collection, this approach may have resulted in either an overreporting or underreporting of post-COVID-19 experiences. The review's identification of decreased IPV in the early phase of the pandemic underscores the necessity for a more in-depth interrogation of the findings. It is important to note that research design quality was not specifically addressed in this review. In addition, there was a deliberate focus on restricting the inclusion of articles to those written exclusively in English. This criterion implies the inclusion of only articles and documents composed in the English language. Despite this limitation, the thorough search conducted yielded a total of 14 relevant articles and documents. The review also addressed certain ambiguities, including a discussion of the questions that guided this review.

5. Conclusion

Before the COVID-19 pandemic, cases of IPV were prevalent, yet the preparations and preventive measures were insensitive to gender inequalities within intimate relationships. Although there were reports of IPV, the responses from both state and non-state actors were notably limited. The level of responsiveness exhibited by these actors toward the gendered consequences of the COVID-19 pandemic underscores the potential need for

multisectoral, gender-transformative interventions across various social institutions and networks of relationships within the social settings outlined in the reviewed literature. Achieving meaningful effects through such interventions will necessitate baseline evidence and the active participation of key players.

Acknowledgments

The paper was presented at the Conference on Population and Reproductive Health Dynamics Under COVID-19 in Sub-Saharan Africa that was hosted by the University of the Witwatersrand, South Africa through its Demography and Population Studies Program. The Conference was supported under the auspices of the Science Granting Councils Initiative in Sub-Saharan Africa (SGCI) and administered by South Africa's National Research Foundation in collaboration with Canada's International Development Research Center (IDRC), the Swedish International Development Cooperation Agency (Sida), South Africa's Department of Science and Innovation (DSI), the Fonds de Recherche en Santé Québec (FRQ), the United Kingdom's Department of International Development (DFID), the United Kingdom Research and Innovation (UKRI) through the Newton Fund.

Funding

None.

Conflict of Interest

The authors declare no conflict of interest.

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Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data

In the interest of transparency and to facilitate further research, the data underpinning the findings of our scoping review are openly available. This dataset includes our search strategies, selection criteria, and a comprehensive list of the studies reviewed. In addition, we provide detailed

data extraction tables and any supplementary analyses conducted. Interested readers and researchers can access and utilize the data through the research team members.

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Appendix

| Search Terms and Databases | | | |
|----------------------------|---|-------------|---------|
| Set | Search | Databases | Results |
| S4 | (ti(Corona*) OR ab(Corona*) OR mainsubject(Covid*)) AND (ti(("Intimate Partner Violence" OR "Intimate Partner Violence and Abuse" OR "Intimate Partner Homicide" OR "Domestic Violence" OR "Domestic Abuse" OR "Courtship Violence" OR "Abusive Relationship" OR IPV* OR Partner Violence, Intimate OR Violence, Intimate Partner OR "Intimate Partner Abuse" OR Abuse, Intimate Partner OR "Dating Violence" OR Violence, Dating OR "Spouse Abuse" OR "Spousal Violence" OR "Partner Abuse" OR "Lesbian Partner Abuse" OR "Bisexual Partner Abuse" OR "Abused Gay Men")) OR ab(("Intimate Partner Violence" OR "Intimate Partner Violence and Abuse" OR "Intimate Partner Homicide" OR "Domestic Violence" OR "Domestic Abuse" OR "Courtship Violence" OR "Abusive Relationship" OR IPV* OR Partner Violence, Intimate OR Violence, Intimate Partner OR "Intimate Partner Abuse" OR Abuse, Intimate Partner OR "Dating Violence" OR Violence, Dating OR "Spouse Abuse" OR "Spousal Violence" OR "Partner Abuse" OR "Lesbian Partner Abuse" OR "Bisexual Partner Abuse" OR "Abused Gay Men")) OR mainsubject(("Intimate Partner Violence" OR "Intimate Partner Violence and Abuse" OR "Intimate Partner Homicide" OR "Domestic Violence" OR "Domestic Abuse" OR "Courtship Violence" OR "Abusive Relationship" OR IPV* OR Partner Violence, Intimate OR Violence, Intimate Partner OR "Intimate Partner Abuse" OR Abuse, Intimate Partner OR "Dating Violence" OR Violence, Dating OR "Spouse Abuse" OR "Spousal Violence" OR "Partner Abuse" OR "Lesbian Partner Abuse" OR "Bisexual Partner Abuse" OR "Abused Gay Men"))))Limits applied. | 5 databases | 52 |
| | S2 AND S3 | | |
| S3 | (ti(Covid*) OR ab(Covid*) OR mainsubject(Covid*)) AND (ti(("Intimate Partner Violence" OR "Intimate Partner Violence and Abuse" OR "Intimate Partner Homicide" OR "Domestic Violence" OR "Domestic Abuse" OR "Courtship Violence" OR "Abusive Relationship" OR IPV* OR Partner Violence, Intimate OR Violence, Intimate Partner OR "Intimate Partner Abuse" OR Abuse, Intimate Partner OR "Dating Violence" OR Violence, Dating OR "Spouse Abuse" OR "Spousal Violence" OR "Partner Abuse" OR "Lesbian Partner Abuse" OR "Bisexual Partner Abuse" OR "Abused Gay Men")) OR ab(("Intimate Partner Violence" OR "Intimate Partner Violence and Abuse" OR "Intimate Partner Homicide" OR "Domestic Violence" OR "Domestic Abuse" OR "Courtship Violence" OR "Abusive Relationship" OR IPV* OR Partner Violence, Intimate OR Violence, Intimate Partner OR "Intimate Partner Abuse" OR Abuse, Intimate Partner OR "Dating Violence" OR Violence, Dating OR "Spouse Abuse" OR "Spousal Violence" OR "Partner Abuse" OR "Lesbian Partner Abuse" OR "Bisexual Partner Abuse" OR "Abused Gay Men")) OR mainsubject(("Intimate Partner Violence" OR "Intimate Partner Violence and Abuse" OR "Intimate Partner Homicide" OR "Domestic Violence" OR "Domestic Abuse" OR "Courtship Violence" OR "Abusive Relationship" OR IPV* OR Partner Violence, Intimate OR Violence, Intimate Partner OR "Intimate Partner Abuse" OR Abuse, Intimate Partner OR "Dating Violence" OR Violence, Dating OR "Spouse Abuse" OR "Spousal Violence" OR "Partner Abuse" OR "Lesbian Partner Abuse" OR "Bisexual Partner Abuse" OR "Abused Gay Men")))) | 5 databases | 14 |

(Cont'd...)

(Continued)

| Search Terms and Databases | | | |
|----------------------------|--|-------------|---------|
| Set | Search | Databases | Results |
| | Violence" OR "Partner Abuse" OR "Lesbian Partner Abuse" OR "Bisexual Partner Abuse" OR "Abused Gay Men"))Limits applied. S1 AND S3 | | |
| S2 | ti(("Intimate Partner Violence" OR "Intimate Partner Violence and Abuse" OR "Intimate Partner Homicide" OR "Domestic Violence" OR "Domestic Abuse" OR "Courtship Violence" OR "Abusive Relationship" OR IPV* OR Partner Violence, Intimate OR Violence, Intimate Partner OR "Intimate Partner Abuse" OR Abuse, Intimate Partner OR "Dating Violence" OR Violence, Dating OR "Spouse Abuse" OR "Spousal Violence" OR "Partner Abuse" OR "Lesbian Partner Abuse" OR "Bisexual Partner Abuse" OR "Abused Gay Men")) OR ab(("Intimate Partner Violence" OR "Intimate Partner Violence and Abuse" OR "Intimate Partner Homicide" OR "Domestic Violence" OR "Domestic Abuse" OR "Courtship Violence" OR "Abusive Relationship" OR IPV* OR Partner Violence, Intimate OR Violence, Intimate Partner OR "Intimate Partner Abuse" OR Abuse, Intimate Partner OR "Dating Violence" OR Violence, Dating OR "Spouse Abuse" OR "Spousal Violence" OR "Partner Abuse" OR "Lesbian Partner Abuse" OR "Bisexual Partner Abuse" OR "Abused Gay Men")) OR mainsubject(("Intimate Partner Violence" OR "Intimate Partner Violence and Abuse" OR "Intimate Partner Homicide" OR "Domestic Violence" OR "Domestic Abuse" OR "Courtship Violence" OR "Abusive Relationship" OR IPV* OR Partner Violence, Intimate OR Violence, Intimate Partner OR "Intimate Partner Abuse" OR Abuse, Intimate Partner OR "Dating Violence" OR Violence, Dating OR "Spouse Abuse" OR "Spousal Violence" OR "Partner Abuse" OR "Lesbian Partner Abuse" OR "Bisexual Partner Abuse" OR "Abused Gay Men"))Limits. Applied | 5 databases | 24,602 |
| S1 | ti(Covid*) OR ab (Covid*) OR main subject(Covid*)Limits applied | 5 databases | 54,367 |