

In the eye of the storm: the domestic and sexual violence epidemic amidst the COVID-19 pandemic in Nigeria

Mapayi BM¹[ID](#), Oloniniyi IO¹[ID](#), Folayan MO³[ID](#)

¹Department of Mental Health, Obafemi Awolowo University, Ile-Ife, Nigeria

²Department of Child Dental Health, Obafemi Awolowo University, Ile-Ife, Nigeria

[ID](#): Orcid ID

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Abstract

The global pandemic of the coronavirus has resulted in a disruption in life as we know it, with massive effects on tourism, the healthcare system, and the global economy at large. Many countries, initiated measures to curtail the spread of the virus with non-pharmaceutical interventions such as lockdown, quarantine, social distancing, and movement restrictions. These measures while preventing the spread of the virus may have triggered another pandemic, albeit a silent one. This article reviews the burden of domestic, sexual, and gender-based violence in Nigeria highlighting the factors that may have interplayed with the lockdown to worsen the situation in Nigeria. This article also focuses on measures to strengthen medical, legal, and supportive responses to survivors.

Keywords: Sexual violence; pandemic; Nigeria; gender-based violence; rape

Main text

The COVID-19 pandemic was first reported in Wuhan, China in December 2019 (1). It was declared a public health emergency of international concern in Feb 2019 (1). The first case of COVID-19 in Nigeria was reported on the 28th of February 2020 (2). Since then, the number of COVID-19 cases has increased exponentially especially following the easing of the lockdown (2).

The anxiety and fear associated with concerns about COVID-19 infection, the transmission of COVID-19 to family and loved ones, isolation and lack of access to social support, job loss, deaths, and income have caused an increase in mental health problems (3). The number of cases of domestic violence and sexual violence reported during the COVID-19 pandemic has also increased (4).

The global prevalence of sexual violence by someone other than an intimate partner experienced by women after the age of 15 years is 0.3–12% (5) though this prevalence varies by population, age, and method of data collection. Over 35% of women have experienced sexual violence by an intimate partner or non-partner at some point in their lives (6) while 7.9% of males and 19.7% of females had faced sexual abuse before the age of 18 years with the highest prevalence in Africa (34.4%) followed by Asia (23.9%), America (10.1%) and Europe (9.2%) (6).

The lockdown and restricted movements imposed in most countries of the world as a result of the COVID-19 pandemic imply that families are forced to spend more time together. Domestic violence usually increases during periods when families spend more time together by allowing constant proximity to the abuser,

Correspondence:

Mapayi, Boladale M

Department of Mental Health,

Obafemi Awolowo University, Ile-Ife, Nigeria

+2348033930096, daledosu@yahoo.com

closer monitoring, and control by the perpetrator (4). An increase in the rate of domestic violence had been reported in Britain, China, France, Italy, and Spain with the increase ranging from 18% to 30% during the pandemic (7). One of the many weapons for domestic violence is isolation from employment, family, and friends which the pandemic has now made readily available to perpetrators (4). The isolation also makes it more difficult for individuals to access support networks and healthcare services (4).

Before the COVID-19 pandemic, the prevalence of domestic and sexual violence in Nigeria was high. Almost one in four women in Nigeria reported having ever experienced intimate partner violence in 2013 (8) with lifetime exposure to intimate partner violence from their current husband or partner ranging from 19% for emotional violence, 14% for physical violence, and 5% for sexual violence (9). Prior studies had indicated a higher prevalence: 31 to 61% for psychological/emotional violence, 20 to 31% for sexual violence, and 7 to 31% for physical violence (10). The prevalence increased to 30% for girls 15-49-years-old in 2018 (11). The National prevalence of sexual violence is 9% among 15-49-year-old women (11). This prevalence is an increase from 4.8% in 2013 [9] and 7% in 2008 (12). The prevalence of IPV is estimated to be 36% for ever-married women in 2018, a rise from 25% in 2013 and 31% in 2008 (9, 11, 12). In Lagos State, the number of domestic and sexual violence cases has increased phenomenally from 277 cases between 1994 and 2004 to 526 cases in 2014, 1044 cases in 2017, and 2356 cases in 2018 (13).

The number of cases of domestic and sexual violence in Nigeria increased during the ongoing COVID-19 pandemic thereby giving rise to an epidemic within a pandemic. The number of reported cases of gender-based violence within one month of the lockdown in Nigeria in 23 of the 36+1 states in Nigeria, increased by 149% (14). This increase was 297% for the three states where there was stringent lockdown as opposed to 53% in states placed under less stringent lockdowns (14). The Lagos State Domestic and Sexual Violence Response Team reported a three-fold increase in the number of telephone calls received through their hotlines in one month (14). These violent acts include the rape of children, including incestual rape, and consequences include the death of victims (14). The increase in the prevalence of domestic and sexual violence in Nigeria during the lockdown

may have resulted from the rising poverty, lack of livelihood opportunities, and inadequate access to shelter, food, water, and income. The stay-at-home order following the lockdown in Nigeria increased the risk of children becoming prey to sexual predators. The culture of silence about sexual violations and offenses, the societal support for child sexual relationships, poor access to justice for sexual violence in general, and difficulty with access to justice during the lockdown, together created the perfect storm for promoting child sexual abuse during the COVID-19 pandemic.

Seeking justice for domestic and sexual violence is difficult in Nigeria. The survivor is often further traumatized by the experience of reporting and often has to discontinue the case due to pressure from friends and family (15). The burden of proof is on the survivor and even now, most hospitals in Nigeria lack the essential facilities to maintain the chain of evidence needed to make a case in a court of law (15). The inability to access court services and hospital services during the COVID-19 pandemic worsens the plight of affected persons. Inability to access hospital services also implies that survivors lose the opportunity to gather and store the needed proof of assault further undermining the ability to institute legal actions even after the lockdown and courts resume function. Even when the court is accessed, the laws regarding sexual violence are weak and the structures to ensure implementation of court verdicts are even weaker (16, 17). In Lagos State, there were only three convictions out of 1044 cases in 2017 and 15 out of 2356 cases in 2018 (13). Also, there have only been 65 rape convictions in Nigeria since 1973 (18).

To ameliorate the impact of pandemics of such magnitude on the risk for domestic violence and sexual abuse in the future, several proactive measures should be taken to strengthen the medical, legal, and supportive response to sexual violence survivors in Nigeria. These include the provision of shelters and treatment for victims/survivors to reduce the risk of harm and development of problem behavior including sex offending. Currently, many civil society organizations are playing this role including helping victims/survivors navigate the medical, judiciary, criminal, and counseling pathways to access justice and care even during the pandemic with implications for limited access to those who will need the services. State governments in Nigeria need to institute systems

and support for domestic and sexual violence victims/survivors by recognizing the prospect of increased violence during pandemics and instituting mechanisms to support redresses such as supportive courts and hospital services. In the long-term, Nigeria has to address its domestic and sexual violence epidemic – an epidemic that has been in place before the COVID-19 Pandemic. The state and national governments need to do more than institute laws; there is a need for concerted efforts to promote social norms that protect against violence with the use of bystander approaches, mobilization of men and boys religious and community gatekeepers as allies. Also, concerted efforts need to be made to create protective community, school, and workplace environments for girls and women through environmental approaches.

Furthermore, civil society organizations and schools can teach skills to prevent sexual violence through social-emotional learning, teaching healthy, safe dating and intimate relationship skills to young people, promoting healthy sexuality, and encouraging the use of empowerment-based training. Girls and women need to be supported through building their economic capacity and improving leadership capacity and opportunities for girls.

Domestic and sexual violence is an epidemic in Nigeria further worsened by the COVID-19 pandemic for a country that is ill-prepared legally and medically to manage its domestic and sexual violence cases and victims/survivors. The COVID-19 pandemic created a storm that resulted in the institution of control mechanisms, which while biomedically controlling infections, created social disruptions that worsened the country's domestic and sexual violence crisis. The national and state governments in Nigeria must make legal, medical, and counseling services needed to address domestic and sexual violence during this pandemic an essential service accessible to all who need it.

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The authors declare that they have no competing interests

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Authors contribution

BM and MA conceived the original idea. BM wrote the preliminary draft. MA revised the original draft. IO performed an extensive literature search. All authors were involved in the entire revision process.

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