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POST-COVID-19 EXAMINATION OF THE EFFECTS OF LOCKDOWN MEASURES ON GENDER-BASED VIOLENCE

Amina Haruna
Department of sociology, Ahmadu Bello University, Zaria.
egwola@gmail.com

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ABSTRACT
The outbreak of the COVID-19 pandemic and subsequent implementation of the lockdown measures led to a myriad of unintended consequences that escalated the levels of Gender-Based Violence (GBV). Even though lockdown restrictions have since been lifted, fears persist concerning the possible long-term implications of the lockdown and risk factors of GBV in some communities. This paper examines the post-COVID-19 effects of lockdown measures on Gender-Based Violence, focusing on the factors sustaining GBV in the post-pandemic period and current institutional efforts to address it. The study adopted the Ecological Theory, which explains Gender-Based Violence as the outcome of interactions among individual, family, community, and societal factors. The study adopted a theoretical desk review approach and relied exclusively on secondary data published between 2022 and 2025, while a few pre-pandemic works were included to provide conceptual and theoretical foundations. The results of the review have shown that the COVID-19 lockdown measures resulted in increased cases of economic hardships, domestic and intimate partner violence as well as emotional abuse among families confined at home. The analysis showed that while the lockdown has come to an end, many of the socio-economic problems it caused like poverty, psychological stress, and gender inequality continue to maintain high levels of GBV. Despite the increased efforts of government and civil society organizations to help survivors, the issues of underreporting, lack of funding, poor enforcement of the laws and socio-cultural barriers still hamper the process of GBV prevention and response. The study concludes that the impact of COVID-19 lockdown measures on GBV does not stop with the pandemic, thus calling for a multi-sectoral intervention. In addition to the above, it recommends increasing the enforcement of laws related to GBV and enhancing survivor support services, which would include psychosocial services, legal assistance, and community reporting mechanisms. Lastly, governments need to integrate GBV prevention and response in their national emergency response and public health plans.

Keywords: COVID-19, Effects, Gender-Based Violence, Lockdown Measures, Post-COVID-19, Theoretical Review.

Introduction

COVID-19 is among the worst global public health emergencies of the twenty-first century, having far-reaching impacts on people's health, social life, and economy. Upon its emergence in Wuhan, China, in December 2019, the pandemic spread across the world to become declared as such by the World Health Organization (WHO) on 11 March 2020. As per the WHO Coronavirus Dashboard, the number of confirmed cases and deaths due to this virus were over 765 million and more than 6.9 million, respectively, until the global public health emergency was brought to an end in May 2023 (WHO, 2023). In order to limit the virus spread, governments adopted various extraordinary public health measures ranging from lockdowns, restrictions on movements and travel, closure of schools, workplaces, quarantining, to maintaining distance. Despite the success of the above interventions in reducing the spread of COVID-19, they led to socio-economic disruptions in form of businesses closing down, loss of jobs, decline in income, food insecurity, emotional stress, and social isolation (United Nations (UN), 2020).

An unintended impact of the measures put in place for the prevention of the virus spread was a rapid rise in Gender-Based Violence (GBV). Even before the outbreak of the COVID-19, GBV was one of the most rampant human rights violations in the world. According to the WHO (2021), about one-third of women (30%) in the world suffer either physical and/or sexual violence by their partner or sexual violence from someone else in their lifetime. Due to restrictions imposed as part of the interventions, the lockdown period compelled vulnerable people to stay indoors with their abusers while simultaneously keeping them away from other sources of help. This made it necessary for UN Women (2020) to call the increase in GBV during this period the "Shadow Pandemic".

Nigeria did not spare itself as well when on 27th February 2020, the Nigeria Centre for Disease Control (NCDC) confirmed its first case of COVID-19. With increasing infections, the Federal Government announced lockdown measures for Lagos State, Ogun State, and the Federal Capital Territory, while others adopted different forms of movement control, curfews, school closures, and market and worship centers closures. While these restrictions were instrumental in reducing the rate of the disease spreading in communities, there were adverse economic consequences leading to job loss, low income, and psychological stress. According to the United Nations Nigeria (2020) report, WARIF observed a 64% increase in the number of reports of domestic and sexual violence. This is an indication that the women's vulnerabilities increased due to movement restrictions. In addition, according to UN Women (2024), 1/3rd of Nigerian women between ages 15-49 have experienced either sexual or physical abuse in their lifetime and 13.2% of women experienced physical and/or sexual abuse from intimate partners in the past year preceding the latest National survey. It can be inferred that GBV continues to be a serious problem in Nigeria despite the relaxation of the COVID-19 restrictions.

One of the States in which stringent lockdown measures were applied to control the spread of the disease is Kaduna State. Kaduna State had major disruptions in business activities, transport, learning, and accessing health and social services due to COVID-19. Even before the outbreak of the pandemic, Kaduna State had been facing socio-economic and security challenges such as urban poverty, unemployment, communal clashes, and displacements resulting from insecurity. These factors combined with the effects of economic hardships caused by lockdowns and lengthy home confinement increased the chances of Gender-based violence. Though statistics regarding the prevalence of these issues are scarce, reports by the Kaduna State Government, development partners, and NGOs have consistently shown increases in reporting of domestic violence and sexual abuse during the pandemic. For instance, Kaduna State Ministry of Human Services and Social Development through its Sexual Assault Referral Center (SARC) reported an increase in cases of sexual violence and domestic violence

during and right after the lockdown period, while Nigeria Governors' Forum (2020) identified Kaduna as a State which declared a state of emergency regarding Sexual and Gender-based Violence due to high incidence.

In spite of the increased research conducted on COVID-19 and GBV, most of the research carried out in this area has revolved around establishing the impact of the lockdown measures in the immediate aftermath of the pandemic. Existing studies have made important contributions to understanding the relationship between COVID-19 and Gender-Based Violence. For example, United Nations Nigeria (2020) documented the increase in domestic and sexual violence during the COVID-19 lockdown in Nigeria, while Habib (2023) explored coping strategies among survivors of sexual abuse in Kaduna Metropolis. Similarly, reports by Education as a Vaccine (2019) and the Centre for Integrated Health Programs (2023) focused on survivor support services and institutional responses to Gender-Based Violence in Kaduna State. However, these studies largely concentrated on the immediate effects of the lockdown and paid limited attention to the enduring post-COVID-19 consequences of the restrictions. This paper addresses that gap by examining how the COVID-19 lockdown continue to shape gender-based violence and also evaluated the persistent challenges of institutional response mechanisms in the post-pandemic period. This paper, against this backdrop, focuses on the post-COVID-19 effects of lockdown measures on GBV.

Statement of the Problem

Lockdown measures had to be imposed across the globe due to the spread of COVID-19 to control the transmission of the virus. While lockdown measures were successful in reducing the transmission rate of the virus, they also caused several unforeseen socio-economic effects such as unemployment, poverty, social isolation, and denial of access to vital services. This made way for an increase in the cases of Gender-Based Violence (GBV) in the form of domestic violence, sexual abuse, emotional abuse, and child abuse. The same situation prevailed in many states leading to further steps being taken by the government and its development partners to combat GBV through Sexual Assault Referral Centres, legal measures, and community awareness programs. However, from the existing research, it is evident that the impact of the COVID-19 lockdown on Gender-Based Violence (GBV) continues after the pandemic. The existing research is mainly based on either the immediate effects of the lockdown or some aspect of gender-based violence. For instance, Aborisade (2025) studied the rise in sexual violence in the time of the COVID-19 lockdown in Nigeria, whereas Habib (2023) investigated the coping mechanisms employed by sexual abuse victims in the Kaduna Metropolis. Similarly, Education as a Vaccine (2019) and Centre for Integrated Health Programs (2023) analyzed the institutional response through the Sexual Assault Referral Centres in the Kaduna State. Nonetheless, there are not many findings related to the effects of the COVID-19 lockdown measures after the pandemic. Hence, the purpose of this article is to examine the post-COVID-19 effects of lockdown measures on Gender-Based Violence.

Objectives of the Study

The general objectives include:

1. To review the various forms of Gender-Based Violence both during and after the COVID-19 lockdown period from 2022-2025.
2. To evaluate how effective institutions have been in managing Gender-Based Violence during and after the COVID-19 lockdown period from 2022 - 2025.
3. To highlight some of the challenges that still exist in the prevention and management of Gender-Based Violence post-pandemic era from 2022–2025.

Conceptual Reviews

a. COVID-19 Pandemic

The pandemic of Coronavirus Disease 2019 (COVID-19) has been described by different scholars and international bodies with regard to both public health and socio-

economic aspects. The WHO (2020a) describes the disease COVID-19 as an infectious disease caused by the novel coronavirus Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) discovered for the first time in Wuhan, China in December 2019. The disease was declared as a Public Health Emergency of International Concern on 30 January 2020 and a global pandemic on 11 March 2020 due to its rapid transmission around the world. Likewise, the CDC (2021) explains the COVID-19 pandemic as the global outbreak of coronavirus disease that brought unprecedented disruptions in the fields of health, economics, society, and politics due to its high transmissibility and morbidity and mortality. Nicola et al. (2020) see the COVID-19 pandemic as a global crisis beyond the health sector affecting education, employment, trade, governance, and social interaction, thus impacting almost all aspects of human life. In this article, the COVID-19 pandemic means the global public health emergency that not only posed a threat to human health but also socio-economic activities and systems and thus required emergency public health interventions including lockdowns.

b. Lockdown Measures

According to WHO (2020b), lockdown is a set of public health measures adopted by the government for reducing individual contact through limiting movements, closing of schools and work places, travel restrictions and restriction of public meetings. Hale et al. (2021) defined lockdown as non-pharmacological interventions that are meant for restricting movements, economic activities, and social interactions in the community to reduce disease transmission. Similarly, Ferguson et al. (2020) explain that lockdown is a set of mandatory government restrictions for controlling infectious diseases through issuing stay at home orders, shutting down non-essential business and schools. Thus, the lockdown is meant for protecting the public from diseases through temporary restrictions imposed by the government. Hence, lockdown is referred to the movement restrictions and public health directives imposed by the government and relevant institutions in response to the COVID-19 pandemic.

c. Gender-Based Violence

Gender-Based Violence (GBV) has been defined as the use of violence against someone based on his or her gender or unequal gender relations. The definition by the United Nations (1993) says that GBV is violence resulting in or likely to result in physical, sexual or psychological harm, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. On the other hand, the Inter-Agency Standing Committee (IASC, 2015) describes GBV as "any harmful act committed against an individual will based on socially constructed differences between males and females." This includes physical, sexual, psychological, emotional and economic violence. Like-wise, the WHO (2021) defines GBV as "violence perpetrated against a person on the grounds of their gender or which affects people of one gender disproportionately compared to another, often women and girls, because of gender inequality." In similar terms, UN Women (2022) describe Gender-Based Violence as GBV as the use of physical violence, sexual violence, emotional abuse, economic abuse, intimate partner violence, sexual harassment, child marriage, Female Genital Mutilation and other harmful practices. The definitions emphasize that Gender-Based Violence is both a human rights violation and a public health concern arising from unequal power relations. For the purpose of this article, Gender-Based Violence refers to physical, sexual, psychological, emotional, and economic violence experienced as a consequence of unequal gender relations.

Theoretical Framework: Ecological Theory

The Ecological Theory, developed by Urie Bronfenbrenner (1979), explains that human behaviour results from continuous interaction between individuals and their social environment. The theory argues that behaviour cannot be understood solely from individual characteristics but must also consider family relationships, community conditions, institutions, and broader societal influences. Although originally developed to explain human development, it has been widely applied in public health, sociology, criminology, and Gender-Based Violence

(GBV) research because it provides a comprehensive framework for understanding the multiple factors that contribute to violence.

The ecological perspective identifies four interconnected levels that shape the occurrence of GBV. At the individual level, factors such as unemployment, psychological stress, financial hardship, substance abuse, and attitudes toward gender roles increased vulnerability to violence during and after the COVID-19 lockdown. The lockdown intensified economic hardship and emotional distress, exposing many women and children to physical, sexual, emotional, and economic abuse. At the family (relationship) level, prolonged confinement, loss of income, and financial pressure increased household tensions and conflicts. Restrictions on movement limited victims' opportunities to seek assistance, while school closures and reduced social interactions exposed children to greater risks of abuse and neglect. The community level focuses on neighbourhoods, workplaces, schools, healthcare facilities, religious institutions, and other support systems. During the pandemic, movement restrictions and service disruptions reduced access to police, healthcare, counselling services, and Sexual Assault Referral Centres (SARCs), thereby limiting survivors' ability to obtain protection and support.

At the societal level, broader cultural, legal, political, and economic factors influence GBV. In Kaduna State, patriarchal norms, gender inequality, poverty, unemployment, stigma, and weak enforcement of GBV laws continued to increase women's vulnerability even after the lockdown. Although policies such as the Violence Against Persons (Prohibition) Act and awareness programmes exist, challenges relating to implementation, funding, and public awareness have reduced their effectiveness. Despite the relevant of the theory to this study, a major limitation is that the theory does not indicate which ecological level has the greatest influence on GBV in a particular context and is largely descriptive rather than predictive. Furthermore, it pays limited attention to resilience by failing to explain why some individuals and families facing similar socioeconomic challenges do not experience or perpetrate violence. However, the strength of the theory is its holistic approach, which recognizes that GBV is influenced by interconnected factors operating at the individual, family, community, and societal levels. It also provides a useful basis for designing multi-sectoral interventions involving government agencies, communities, healthcare providers, law enforcement, and civil society organizations.

Methodology

This study adopted a theoretical desk review methodology to examine the post-COVID-19 effects of lockdown measures on Gender-Based Violence (GBV). The study relied exclusively on secondary data obtained from peer-reviewed journal articles, government publications, technical reports, and reports from reputable organizations, including the World Health Organization (WHO), UN Women, UNFPA, UNICEF, the National Centre for Disease Control (NCDC), and the National Population Commission (NPC). Literature was sourced from Google Scholar, Sci Direct, Scopus, PubMed, JSTOR, and institutional repositories, with emphasis on publications produced between 2022 and 2025, while selected pre-pandemic studies were included to provide conceptual and theoretical context.

Studies were included if they examined COVID-19, lockdown measures, Gender-Based Violence, institutional responses, or post-pandemic recovery in Nigeria, particularly Kaduna State. Opinion articles, unsubstantiated newspaper reports, and studies unrelated to the study objectives were excluded. Source quality was assessed based on credibility of the publisher, methodological rigor, relevance and currency with priority given to peer-reviewed studies and official reports. Data were analyzed using thematic content analysis, whereby findings were organized according to the study objectives. Although the desk review provides a systematic synthesis of existing evidence, its reliance on secondary data only identified

patterns and trends reported in the literature and cannot establish direct cause-and-effect relationships between COVID-19 lockdown measures and Gender-Based Violence.

Forms of Gender-Based Violence During and After the COVID-19 Lockdown

Gender-Based Violence (GBV) is violence committed against individuals due to their gender identity and may include acts of physical assault, sexual violence, emotional abuse, psychological violence, economic violence, forced marriages, traditional practices that inflict harm, and other forms of coercion which violate the basic human dignity and rights. Even though these types of violence existed before the onset of the COVID-19 pandemic, there was enough evidence that the pandemic changed the nature of these types of violence. Muluneh et al. (2023) conducted research on post-COVID-19 violence against women and revealed that intimate partner violence has persisted to be the leading cause of GBV even after the end of restrictions related to COVID-19. In this study, evidence from Ethiopia, Kenya, Uganda, Nigeria, and South Africa was analyzed, and it showed that economic difficulties, income decline, and persisting gender inequality made women more vulnerable to physical and psychological abuse. It should be pointed out that, while the restrictions on mobility had ended, the socioeconomic impacts of the pandemic kept most factors promoting domestic violence during the lockdown period.

According to the National Population Commission and ICF (2024) 2023-24 Nigeria Demographic and Health Survey (NDHS), violence against women continues to be prevalent with many women aged 15 to 49 years reporting incidences of physical, sexual, and/or emotional abuse. Despite the survey having been conducted in the wake of the pandemic, its findings demonstrate that the increased domestic violence witnessed in the era of the virus remains unaltered. Babalola et al. (2023) explored the issue of violence against women and access to social services among women during the post-COVID-19 lockdown period. The respondents explained that emotional and economic violence and control had become rampant as families struggled with poverty. Many women reported that while there was a reduction in physical violence due to the easing of movement, emotional threats and economic deprivation continued as a result of families struggling to recover from financial losses experienced during the pandemic.

The Kaduna State Bureau of Statistics (2023) and the Kaduna State Ministry of Human Services and Social Development (2023) report that cases of domestic violence, rape, child abuse, and sexual assault are among the most frequently reported GBV cases in the state. While post-pandemic prevalence studies are scarce, there is evidence from administrative data provided by Sexual Assault Referral Centres (SARCs) and Family Support Units indicating the need for healthcare services, counseling, legal services, and psychosocial support. Humanitarian organizations working in Kaduna have also noted the changing trend of Gender-Based Violence due to the COVID-19 lockdown. According to the report of the International Rescue Committee (IRC, 2022), economic violence increased within families which had been experiencing economic setbacks due to the impact of the pandemic. Women who were employed in petty trading and informal jobs lost their sources of livelihoods, thus becoming more dependent on the male partner to support the family. In addition to this, children and adolescents were still vulnerable to sexual violence because many families continued to face educational disruptions and economic hardships even after the resumption of classes.

Empirical data from Kaduna State have shown that the incidence of Gender-Based Violence (GBV) persisted both during and after the period of COVID-19 lockdown. For instance, Yaya et al. (2022) conducted a community-based cross-sectional study on domestic violence among women of reproductive age in Kaduna South Local Government Area, utilizing the multistage sampling method on 170 women. It was found that 47.1% of the respondents had experienced domestic violence in any form, with emotional violence being the most common, followed by physical and sexual violence. Women who had low levels of education

and poor family income were more prone to domestic violence. Besides, it was noted by the researchers that despite the relatively short time interval between the imposition of the restrictions and the survey, respondents linked the rise in domestic violence to the additional family stress during the lockdown period. Using data gathered through medical records collected from one police area command in Kaduna State between 2018 and 2021, Suleiman et al. (2023) examined 420 cases of sexual abuse against children. It was noted that females accounted for about two-thirds of the total number of victims and that in most cases, the perpetrator was a person who knew the victim. From their findings, Suleiman et al. revealed that recurrence of sexual abuse is linked with a relationship between the perpetrator and the victim. Their results highlighted the fact that child sexual abuse continued even during the period of COVID-19 lockdown.

Salama Sexual Assault Referral Centre (SARC) in Kaduna provides further evidence of the persisting impact of Gender-Based Violence post-pandemic. Data collected from the administrative records, which was provided during a capacity building program for stakeholders, revealed that the SARC had handled more than 3,168 cases of Gender-Based Violence cases, out of which 220 cases involved rape, and physical violence, emotional abuse, sexual harassment, and economic violence made up a significant share of the cases reported. The service providers felt that while knowledge about reporting mechanisms had increased, the survivors were presenting themselves late due to stigma, fear of reprisal, and lack of knowledge of support services.

Effectiveness of Institutional and Community Responses to Gender-Based Violence During and After the COVID-19 Lockdown

The outbreak of the novel coronavirus has brought to light the deficiencies in institutional and community mechanisms aimed at GBV prevention and response. In the case of Nigeria, efforts made by institutions have been spearheaded by the federal and state governments in conjunction with international development partners, nongovernmental organizations, and other community actors. According to UNFPA Nigeria (2021), despite some operational difficulties, the SARCs have continued to offer medical services, psychosocial counseling, forensic exams, and referrals during the pandemic. The organization helped set up and build the capacity of more survivor centers, trained health care workers on survivor-centered approaches, and provided dignity kits and reproductive health commodities for vulnerable women and girls. Although needs often outweighed the availability of resources, such initiatives have greatly enhanced access to comprehensive services for survivors in various states.

ActionAid Nigeria (2021) performed an evaluation on the impact of community-based measures to address Gender-Based Violence amidst the COVID-19 pandemic in selected Nigerian states. Through interview research among survivors, community leaders, and service providers, it emerged that women groups, religious bodies, and civil society groups in communities made significant contributions towards sensitization, identification of survivors, provision of temporary accommodation, and referrals to health and legal institutions. Community sensitization efforts led to a heightened awareness of rights of survivors and services for support. Nevertheless, the same study showed that issues such as fear of stigmatization, cultural barriers, and lack of adequate funding hindered the sustainability of many community initiatives. In their evaluation of responses by the police to domestic violence cases in the period of COVID-19 in Nigeria, Aborisade (2025) found that while the Nigeria Police Force had Family Support Units (FSUs) tasked with handling domestic violence cases, survivors reported case handling delays, inadequate protection of victims, and lack of gender-sensitive investigative processes. These challenges were explained by inadequate training, logistical challenges, high workload, and other competing security priorities at the time of the pandemic. Notwithstanding these problems, setting up of gender desks in some police divisions

was found to increase survivors' confidence in reporting cases where trained personnel were available.

Ekhator-Mobayode and George (2023) have studied access to justice in the case of survivors of GBV in Nigeria before and during the COVID-19 crisis and found that court closures and reduction in judicial sitting had an impact on the prosecution of GBV cases. Despite the implementation of virtual court hearings, limited technological infrastructure and poor internet connectivity prevented them from being efficient. The institutional response was carried out by Kaduna State Ministry of Human Services and Social Development, the Ministry of Justice, health facilities, security organs, development partners, and civil society organizations within the region of Kaduna State. During the period of the pandemic, sexual assault referral centres situated in Kaduna State offered emergency medical help, forensic services, psychosocial counseling, and legal advice for survivors. Development partners like the United Nations Population Fund (UNFPA), UNICEF, and NGOs conducted various activities such as raising awareness, assistance programs for survivors, training programs for health and social workers, and law enforcers. Mercy Corps Nigeria (2022) found that community structures played a crucial role in the identification of at-risk families due to having more information about communities and enjoying people's trust.

The institutional assessment carried out by Education as a Vaccine (EVA) (2019) assessed the capacity to operate the Sexual Assault Referral Centres set up by the Kaduna State Government. Using document review, interviews with stakeholders, and institution assessment techniques, the research identified the establishment of four Sexual Assault Referral Centres as a major step in enhancing the capacity of GBV response systems. On the other hand, the assessment showed inadequate coordination amongst service providers, inadequate technical capacity, lack of public awareness and stigma associated with GBV. All these aspects contributed considerably to low uptake of services amidst government effort in providing services to survivors. Likewise, the Centre for Integrated Health Programs (CIHP) (2023) carried out an impact evaluation of the healthcare worker training program in four Sexual Assault Referral Centres in Kaduna State. The programme evaluation showed that after three months of implementation of the programme, the centres had a 50% increase in comprehensive post-GBV clinical care services. In addition, the programme enabled over 1,500 secondary school students to receive awareness education on preventing Gender-Based Violence. The evaluation concluded that capacity building and continuous professional training enhanced the institutional response towards survivors. However, significant efforts have been made by Kaduna State towards institutionalizing the interventions with regard to Sexual Assault Referral Centers, multisectoral coordination, training of health care workers, and community sensitization campaigns. Lack of proper funding, poor technical ability and poor coordination still undermine the impact of these interventions.

Challenges Affecting the Prevention, Reporting, and Management of Gender-Based Violence in the Post-Pandemic Era

Several studies have pointed out that the pandemic has highlighted some of the institutional weaknesses that were present before and after the pandemic. According to Sardinha et al. (2022), despite the fact that the cases of domestic violence had increased during the pandemic period, the actual prevalence of the problem was much higher since many victims did not or could not report their abuse. In the explanation of such an underreporting rate, the fear of being retaliated against, the financial dependence on abusers, the social stigmatization, the fear of not receiving help from the justice system, and worries about one's family reputation were stated.

According to UNDP (2022), even though economic activities were back to normal after the pandemic, many households faced unemployment, inflation, low purchasing power, and food insecurities. Female workers in the informal sector especially suffered as many

businesses failed to recover from the economic disruptions brought about by the coronavirus. Financial dependency on intimate partners became another reason why victims did not leave their abusers or took legal actions. Poverty is therefore still one of the major contributing factors to Gender-Based Violence since it perpetuates power imbalance within families. Survivors of Gender-Based Violence suffer from symptoms such as depression, anxiety disorders, posttraumatic stress disorder, substance abuse, and suicidal ideation according to Campbell (2020). Even though more psychological services were provided during the pandemic, many countries still lack enough mental health specialists and psychosocial services integrated in the primary healthcare systems. Many survivors therefore suffer psychological traumas that do not receive proper counseling and rehabilitation services.

In Nigeria, the implementation of the framework continues to be highly challenging in spite of the passing of the Violence Against Persons (Prohibition) Act (VAPP Act) 2015 and its domestication by various states including Kaduna State. According to Partners West Africa Nigeria (PWAN, 2023), while the domestication of the VAPP Act marks considerable legislative achievement, the implementation has been inconsistent due to the lack of adequate funding, low public awareness, weak capacity within institutions and poor coordination among justice sector institutions. It was also observed that many communities are ignorant about the provisions of the law which affects its efficiency in the prevention of Gender-Based Violence. Kaduna State has made great strides through the creation of Sexual Assault Referral Centers, gender desks in security agencies and multi-sectoral cooperation of government ministries, civil society and development partners. Nonetheless, Kaduna State Ministry of Justice (2023) has reported that there are still significant operational challenges. These are inadequacy of the number of prosecutors, inadequacy of shelters for survivors, lack of psychosocial services, delay in forensic investigation and lack of financial resources for victim assistance programs. Rural-urban disparity also influences the accessibility to services since the survivors in rural areas find it difficult to access healthcare, legal assistance, and specialized support services.

In an institutional assessment conducted by Education as a Vaccine (2019), low public awareness, stigma, poor coordination between agencies, lack of adequately trained staff, and inadequate institutional capacity were still barriers to proper use of Gender-Based Violence services. According to the report, some survivors chose to settle their cases informally because of stigma within the community and their inability to trust formal institutions. Salama Sexual Assault Referral Centre (SARC) in Kaduna State is one of the institutions dealing with Gender-Based Violence whose administrative data highlights the problem. According to the SARC Centre, there were 3,168 GBV cases reported; 2,723 were cases involving women, while 445 were those of men. There were 220 cases of rape, and other forms of violence include sexual harassment, physical violence, emotional violence, and economic violence. According to the SARC Centre, in the Kafanchan region alone, six perpetrators were convicted, out of whom four received life imprisonment (Alabi, 2023).

Challenges within communities remain a barrier to an effective response and preventive measures as well. According to Plan International Nigeria (2022), negative gender stereotypes, victim blaming, fear of social ostracization, and limited awareness of the availability of available services continue to impede survivors from reporting their experiences. Leaders in the community confirmed that despite efforts made in terms of awareness-raising campaigns, which helped to raise awareness about Gender-Based Violence issues among the population, many families opted to solve cases on their own without involving official organizations. As a result, offenders get away with the crime, and survivors get little protection. Another issue that still needs to be addressed is associated with poor data management systems. According to UNICEF Nigeria (2023), fragmented administrative data, inconsistent reporting mechanisms, and insufficient information sharing between agencies continue to hinder evidence-based planning for Gender-Based Violence prevention programs. Due to the lack of

integration of databases on the national and state levels, it becomes hard to monitor trends and interventions in the field and allocate necessary resources effectively.

Conclusion

This review demonstrates that the effects of the COVID-19 lockdown on Gender-Based Violence (GBV) did not end with the lifting of movement restrictions. Rather, the socio-economic disruptions associated with the pandemic including unemployment, poverty, psychological stress, and weakened support systems continue to sustain domestic violence, intimate partner violence, sexual abuse, and other forms of GBV. Although institutional responses have improved through the establishment of Sexual Assault Referral Centres, legal reforms, and community awareness initiatives, persistent challenges such as underreporting, inadequate funding, weak inter-agency coordination, and socio-cultural barriers continue to limit the effectiveness of these interventions. The Ecological Theory reinforces these findings by demonstrating that GBV is shaped by interacting individual, family, community, and societal factors, requiring interventions at multiple levels. The Ecological Theory explains that the persistence of Gender-Based Violence following the COVID-19 lockdown is the result of interacting individual, family, community, and societal factors rather than a single cause. This suggests that effective responses should extend beyond legal measures to include stronger institutions, economic empowerment, community participation, and sustained behavioural change initiatives that address the root causes of violence. The key lesson from this review is that GBV should no longer be viewed solely as a temporary consequence of the COVID-19 lockdown but as a continuing social and public health challenge whose underlying drivers remain largely unresolved. For policymakers, the priority should be to strengthen long-term prevention and response systems rather than relying on emergency measures introduced during the pandemic. Sustainable investments in survivor support services, economic empowerment, coordinated institutional responses, and community-based behavioural change programmes are essential to reducing GBV and improving preparedness for future public health emergencies and humanitarian crises.

Recommendations

The recommendations are presented in line with the study objectives.

1. Government should make concerted efforts through the Ministry of Education and other stakeholders to incorporate GBV prevention measures through gender equality and life skills within the school curriculums coupled with continuous sensitization of communities. Such efforts will help in combating the negative gender norms and stigma, as well as promoting behavioural changes and encouraging reporting.
2. Government should work towards reinforcing the institutional capacity of GBV response by standardizing Sexual Assault Referral Centres (SARCs) with adequate budget allocations, improved enforcement of the Violence Against Persons (Prohibition) Law through effective prosecution process, as well as integration of GBV services in future emergency preparedness plans.
3. Government in partnership with development partners, civil society organizations, and research institutions, should reinforce the inter-agency coordination, fund more for GBV programs and establish sustainable reporting systems for developing an integrated GBV database that is based on community-level research findings. This will improve evidence-based policymaking, enhance service delivery, address underreporting, and strengthen long-term GBV prevention and response efforts.

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