

**THE EFFECTS OF SPOUSAL VIOLENCE ON SPOUSES
DURING COVID-19 LOCKDOWN IN MAKURDI
METROPOLIS OF BENUE STATE**

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ABSTRACT: One of the significant social issues affecting families recently is spousal violence (SV). Lockdowns are noted to have triggered spousal violence globally at an alarming rate. This study examined the rate of spousal violence during the COVID-19 lockdown in Makurdi metropolis, assessed the effects of COVID-19 lockdown and spousal violence among households in Makurdi metropolis of Benue State, Nigeria and suggested ways on how household members can mitigate spousal violence. The study was anchored on Anomie⁷. A cross-sectional survey research design was employed for this study. The study population was comprised of members of households, specifically adult males and females aged 18 and above, married, and residents of Makurdi Metropolis. The sample size of this study was determined using Cochran's (1977) formula. Questionnaire and key informant interview methods were used for data collection, and data was analysed both quantitatively and qualitatively. The study's findings revealed that the COVID-19 lockdown created a breeding ground for spousal violence during the lockdown period. Findings further revealed that the rate of spousal violence during COVID-19 increased. The effects of spousal violence were social, psychological, economic and physical. The study concluded that spousal violence has impacted negatively on the wellbeing of spousal relationships. The study, therefore, recommended that counsellors should encourage spouses to have a mutual understanding among them in order to foster family unity and progress. Awareness or sensitisation should be made public so that victims of spousal violence can easily access services on physical assault.

Keywords: Spousal Violence, Spouses, COVID-19, Lockdown, Rate, Effects

INTRODUCTION

One of the significant social issues affecting conjugal or spousal relationships recently is spousal violence (SV). Spousal violence is any behaviour among spouses that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours (Agbese, 2021). Globally, the prevalence of spousal violence is rated between 15% to 71%, with nearly one in every three spouses having experienced physical aggression, sexual abuse and emotional abuse (Mukorera et al. 2022). Historically conceived as a problem of the private domain, spousal violence is currently recognised as a crime. It represents a significant public health problem affecting the health and wellbeing of victims, their families and communities. United Nations (2021) observes that it often escalates from threats and verbal assault to life-threatening violence and victims may suffer different forms of abuse and violence simultaneously.

Different forms of spousal violence were prominent during the COVID-19 lockdown. This was because many couples were always at home together and were open to various forms of violence such as physical abuse, keeping malice, refusal to give money to spouse for house

upkeep and sex denial. According to the World Health Organisation (2022), violence within the home-spousal violence can be perpetrated in various forms: physical (beatings, torture, and murder); sexual (unwanted intercourse, harassment, sexual jokes); psychological (manipulation, threats, humiliations, intimidation); economic (obsessive control of finances; money subtraction); stalking (persecution, obsessive control of phone calls or messages). Gama et al. (2020), noted that spousal violence is a comprehensive term that includes many forms of abuse such as physical, psychological, emotional and sexual abuse. Xue et al. (2020), discussed two primary forms of spousal violence on Twitter during COVID-19 as: physical aggression (physical hurt, stop hitting) and coercive control (power control, forced stay).

Generally, it had been noted that the response of the government was very poor in terms of dealing with spousal violence cases in the period of COVID-19 lockdown. Governments' struggles to respond to the coronavirus epidemic had failed to respond to its spillover effect with increased services that would cater for those at risk of spousal violence. This has left spousal violence response centres overwhelmed by the heightened service demands (Uzobo & Ayinmoro, 2021). Despite the failures of the government in tackling spousal violence during pandemics, Non-Governmental Organizations (NGOs) have been very active in championing the cause of those violated while also trying to provide succour to victims. Still, spousal violence was reported among households in the COVID-19 top heat countries Nigeria inclusive.

To curb spousal violence during the COVID-19 lockdown, several measures or strategies were put in place, but to no avail. In Benue, for instance, the State Government set up emergency call lines to report cases of spousal violence. However, incidences of spousal violence were recorded daily, leaving the victims with diverse forms of socio-economic, physical health and psychological consequences. Several studies have been conducted on COVID-19 lockdown and spousal violence. For instance, Olayinka, Modupe and Aanuoluwapo (2020), conducted a study on domestic violence amidst the COVID-19 lockdown: a threat to individual safety in Nigeria. Findings revealed that the lockdown has effectively reduced COVID-19 transmission, with the closure of schools, restricted movements and recommended homestay. Again, Gama et al. (2021), investigated domestic violence during the COVID-19 pandemic in Portugal. The study revealed that a higher proportion of participants who perceived difficulties in making ends meet during the pandemic reported domestic violence. Apart from the factors responsible for domestic (spousal) violence during the COVID-19 lockdown, the study failed to reveal the rate and effects of spousal violence during the pandemic. Fawole et al (2021), embarked on a study titled; home was not a safe haven, women's experiences of intimate partner violence during the COVID-19 lockdown in Nigeria. The study found how the lockdown disrupted women's social support, hindering the accessibility of formal and informal sources of help.

Porter et al (2021), studied the impact of COVID-19 lockdowns on physical domestic violence in Peru: evidence from a list of randomisation experiments. The study found that 8.3 per cent of the sample experienced an increase in physical violence within their households during the lockdown period. The study, however, failed to identify the effect(s) caused by violence during the pandemic. The reviewed studies did not take into cognisance the rate and effects of spousal violence during the pandemic, specifically in Makurdi metropolis of Benue State. Therefore, what was the rate of spousal violence during the COVID-19 lockdown in Makurdi metropolis? What were the effects of spousal violence during the COVID-19 lockdown? And what can we do to mitigate the prevalence of spousal violence in Makurdi metropolis? Consequently, the objectives of this study are to assess the rate of spousal violence during the COVID-19 lockdown in Makurdi metropolis, investigate the effects of spousal violence on spouses during

the COVID-19 lockdown in Makurdi metropolis and make suggestions on how to mitigate spousal violence in Makurdi metropolis.

Conceptual Review/Theoretical Framework

This section of the paper deals with the review of concepts and theoretical framework. The concepts of COVID-19 and spousal violence are reviewed, while Anomie' is adopted as the theoretical framework for the study.

Coronavirus disease 2019 (COVID-19) is defined as an illness caused by a novel coronavirus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formally called 2019-nCoV), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China (Cennimo, 2022). It was initially reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency. On March 11, 2020, the WHO declared COVID-19 a global pandemic. Illness caused by SARS-CoV-2 was termed COVID-19 by the WHO, the acronym derived from "coronavirus disease 2019". The name was chosen to avoid stigmatising the virus's origins in terms of populations, geography or animal associations (Cennimo, 2022). On February 11, 2020, the Coronavirus Study Group of the International Committee on Taxonomy of Viruses issued a statement announcing an official designation for the novel virus: severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Gorbalenya, 2020).

According to Andza and Akuva (2021), COVID-19 is the name the World Health Organization (WHO) gave on February 11, 2020, for the disease caused by the novel coronavirus SARS-COV-2. The Mayo Foundation for Medical Education and Research (2020), in agreement with the above definition, held that, COVID-19 is an infectious disease caused by severe acute respiratory syndrome. The foundation further explains that the virus spreads by respiratory droplets released when someone with the virus coughs, sneezes or talks. The droplets can be inhaled, or land in the mouth or nose of a person nearby. The risk of breathing these in is highest when people are in close proximity, but they can be inhaled over long distances, particularly indoors. Transmission can also occur if contaminated fluids reach the eyes, nose or mouth and, rarely, via contaminated surfaces. Infected persons are typically contagious for 10 days, and can spread the virus even if they do not develop symptoms. Mutations have produced many strains (variants) with varying degrees of infectivity and virulence (Centre for Disease Control, 2020).

Spousal Violence

Spousal violence is used in this study also to mean domestic violence or intimate partner violence (National Women's Aid Federation, 2012). Traditionally, domestic violence was mostly associated with physical violence. Terms such as wife abuse, wife beating, and wife battering and battered woman were used. However, such a narrowed perspective has declined in popularity due to efforts to include unmarried partners, female perpetrators and same-sex relationships. Domestic violence is now commonly defined broadly to include all acts of physical sexual, psychological or economic violence that may be committed by a family member or intimate partner (Council of Europe, 2013; George, 2014). In 1993, the UN Declaration on the Elimination of Violence Against Women defined domestic violence as: physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital

mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.

Theoretical Framework

This section utilised Anomie's theory to explain the COVID-19 lockdown and spousal violence among households in the Makurdi metropolis of Benue State.

Anomie theory (AT) is one of the classical theories in criminology propounded by Émile Durkheim (1858-1917). He defined “anomie” as a “state of normlessness and argued that this state is related to increased disenchantment with manifest consequences of increased suicide and crime in society. The key assumption of the theory is that: society is governed by norms and values that guide individual behaviour. These norms provide a sense of order and predictability of human conduct; there is normlessness or breakdown in the social fabric when individuals feel disconnected from societal norms and values; to conform to societal norms, they need to be integrated into the social structure. High levels of integration help maintain order and cohesion. Anomie occurs when individuals experience strain or stress due to conflicting goals or lack of means to achieve them, leading to norm violations or deviant behaviour; individuals may adapt by rejecting or modifying societal norms, leading to various forms of deviance or social instability. Durkheim emphasises the importance of social integration and norms in maintaining social order and highlights the consequences when these elements break down.

The theory can be applied to explain spousal violence in the following ways: the adopted theory suggests that social instability and breakdowns in social norms led to increased violence and criminal behaviour during the COVID-19 lockdown. The pandemic disrupted the functionality of social structures and routines, including economic stability and social interactions. The lack of social support and the breakdown of daily routines can create a sense of normlessness or anomie, contributing to stress and frustration that results in violence during the COVID-19 lockdown. Economic stress and job loss during the lockdown led to increased financial strain, exacerbating household tensions. Impliedly, when people face financial pressures and feel they have fewer legitimate means to achieve their goals, they resort to deviant behaviours like violence. Lockdowns forced many people into prolonged isolation from their partners, reducing external social interactions and support systems. This isolation can intensify conflicts as individuals might struggle to cope with the increased proximity and lack of escape. The pandemic introduced widespread uncertainty and fear, which heightened emotional distress and contributed to aggressive behaviour. In situations where traditional social norms are undermined and individuals feel a loss of control, spousal violence can become more likely. Overall, anomie theory helps to understand how the breakdown of social norms and increased stress during the COVID-19 lockdown could have contributed to a rise in spousal violence.

Rate of Spousal Violence during COVID-19 Lockdown among Households

Since the outbreak of COVID-19, emerging data and reports from those on the frontlines have shown that all types of violence, especially against women and girls, particularly domestic violence, have intensified. Globally, even before the COVID-19 pandemic began, 1 in 3 women experienced physical or sexual violence, mainly by an intimate partner (United Nations Women, 2022). According to the National Coalition Against Domestic Violence, nearly 20 people per minute are physically abused by an intimate partner in the United States. The pandemic intensified many of the conditions that can fuel intimate partner violence, with many

families facing economic tension along with the stress and uncertainty created by COVID-19. During the outbreak, Newman (2021) reported that globally, domestic violence cases increased by 25-33 per cent in 2020. At the local level, domestic violence calls in Jefferson County increased by 27 per cent in March 2020 compared to March 2019. This trend continued in other cities around the United States, including Portland, San Antonio and New York.

Also, a multi-country study utilised secondary analysis of the Demographic Health Survey (DHS) from 27 sub-Saharan African countries. Data was pooled from 43,143 women of reproductive age residing in urban areas. The study revealed a prevalence range of violence against women of 10.8% in the Comoros to 56.3% in the Democratic Republic of Congo among the women studied (Izugbara et al., 2020). In Nigeria, the Demographic and Health Survey (NDHS) of 2018 revealed a high prevalence range of violence against women between 17.0-78.8% with considerable regional variations. This makes violence against women a significant public health problem. Also, the prevalence of violence against women among 10,678 married women aged 15-49 years was 36%. In contrast, the one-year prevalence rates of physical and sexual violence were 14% and 4%, respectively, as stated in the NDHS 2018 (NPC, 2018).

Women are a vulnerable group and are exposed to all forms of violence, especially from their male counterparts. The perpetrators of domestic violence, according to the NDHS 2018, mainly were the husbands of the women 58%, their mothers/stepmothers 35%, and their fathers/stepfathers 26% respectively (NPC, 2018). Another study, which obtained data from the Ethiopian DHS 2016, also showed that the perpetrators of violence against women (VAW) were most likely spouses of the women studied (Chernet & Cherie, 2020). Physical (social) distancing, which is one of the non-pharmacological interventions for the COVID-19 pandemic, was put in place so that people could stay at home in order to reduce the spread of the disease. However, this could increase the risk of intimate partner violence (IPV) because the home is often where women and children are at risk of various forms of violence.

As COVID-19 spread across the world, it brought with it multiple new stresses, including physical and psychological health risks, isolation and loneliness, the closure of many schools and businesses, economic vulnerability and job losses. Through all of that, children and their mothers are particularly vulnerable to the risk of domestic violence (Bradbury-Jones & Isham, 2021).

The economic effects of the lockdown could also impact the incidence of domestic violence. Changes in the unemployment rate (Bradbury-Jones & Isham, 2021 cited Anderberg et al., 2016), the gender income gap (Aizer, 2010), and access to finance or employment opportunities (Pronyk et al., 2006) might alter the domestic balance and lead to increases in domestic violence. Furthermore, unemployment and the lockdown itself increase the time people spend at home, potentially increasing the exposure to domestic violence (Dugan et al., 1999, cited in Bradbury-Jones & Isham, 2021). The evidence from the COVID-19 pandemic also points in this direction. Sanga and McCrary (2020) studied the effect of COVID-19 social distancing on domestic violence using information on police calls for service for a sample of 14 and 15 cities in the United States, respectively. Sanga and McCrary (2020) find that social distancing leads to a 12 per cent increase in calls for domestic violence, while Leslie and Wilson (2020) find a 10 per cent increase.

Effects of Spousal Violence on Households During COVID-19 Lockdown

As COVID-19 spread across the world, it brought with it multiple new stresses, including physical and psychological health risks, isolation and loneliness, the closure of many schools and businesses, economic vulnerability and job losses. Through all of that, children and their mothers are particularly vulnerable to the risk of domestic violence (Bradbury-Jones & Isham, 2021). While specific research on lockdowns and domestic violence is relatively scarce, there is abundant evidence on the effects of factors associated with quarantines and the impact of general economic and social crises and spousal violence. Brooks, Webster, Smith, Woodland, Wessely, Greenberg and Rubin (2020) reviewed several studies looking at the psychological effect of quarantines (including those from the 2003 SARS outbreak). They found that quarantines have diverse and adverse psychological effects, including stress, anxiety, trauma, irritation and depression, among others. Stress, frustration and emotional instability are factors related to violence and particularly to spousal violence (Perez-Vincent, Carreras, Gibbons et al., 2020).

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Existing literature documents a strong link between domestic abuse and situations of social and financial stress. Linking socioeconomic characteristics of the perpetrator and victim and the number of domestic abuse incidents, Benson et al. (2003), cited in Bradbury-Jones and Isham (2021), found that economic disadvantage may have a direct influence on intimate partner violence at both the neighbourhood and individual levels. Moreover, Raphael (2000) cited in Bradbury-Jones and Isham (2021), finds that women in low-income households experienced a higher rate of (reported) violence than those in households with higher incomes. These results suggest that when placed in situations of social and economic tensions, the likelihood of domestic abuse increases. It is expected that, with the lockdown introduction, as a significant part of the population became at risk of job loss, financial concerns became more prevalent in households, amplifying existing tensions and escalating conflict. Research by Bell, Codreanu and Machin (2020), found that young individuals, low-paid, ethnic minorities, and those who have low education levels or live in large families have been disproportionately affected by the current COVID-19 recession. They are more likely to have been furloughed or lose at least half of their work than those with a degree. This suggests that the groups that were already more vulnerable to domestic abuse are also hardest hit in the economic crisis that will follow, further exacerbating the size of abuse.

Domestic violence during pandemics is associated with a range of factors, including economic stress, disaster-related instability, increased exposure to exploitative relationships and reduced options for support (Peterman, Potts & O'Donnell, 2020). Due to the social isolation measures

implemented across the globe to help reduce the spread of COVID-19, people living in volatile situations of family violence are restricted to their homes. Social isolation exacerbates personal and collective vulnerabilities while limiting accessible and familiar support options (van Gelder et al., 2020). In many countries, including Australia, we have already seen an increase in demand for domestic violence services and reports of increased risk for children not attending schools (Duncan, 2020), a pattern similar to previous episodes of social isolation associated with epidemics and pandemics (Boddy, Young & O’Leary, 2020). In Australia, as stay-at-home orders came into force, the police in some parts of the country reported a 40% drop in crime overall, but a 5% increase in domestic abuse callouts (Kagi, 2020). At the same time, in Australia, Google reported a 75% increase in Internet searches relating to support for domestic abuse (Poate, 2020).

Domestic violence has been known to worsen in situations of social, economic, and financial distress, such as that experienced during the COVID-19-induced lockdown (Moreira & da Costa, 2020). The earnings of Nigerians who work in the informal sector plummeted due to the enforcement of the strict lockdown measure. These, coupled with the government’s inefficient distribution of palliatives to the worst-hit masses, contributed to the decline in families’ socioeconomic status (Oguntayo, 2020).

Sakuma (2020), investigated the socioeconomic impact of coronavirus on livelihoods in Makurdi using primary data sources. Socio-economic impact rating by respondents was analysed using weighted sum and weighted mean to rank the impact of coronavirus on livelihoods in Makurdi. The result shows that loss of business capital ranked 1st on the impact of coronavirus on livelihoods, followed by reduced income generation 2nd, education expenses affected 3rd, difficulty paying bills 4th, reduced the standard of living 5th, increased crime/violence 6th, result to livelihood lost 7th, low productivity 8th, create more debt 9th, and create social distance was ranked 10th and last on the hierarchy list of impacts. The paper concluded that the pandemic has both social and economic impacts on people’s lives and livelihoods. It has pushed many people into poverty, and many have lost their sources of livelihood.

METHODOLOGY

A cross-sectional survey research design was employed for this study. The study setting was Makurdi Metropolis of Benue State. The population of this study comprised members of households in Makurdi metropolis, namely adult males and females from ages 18 and above, married and residents in Makurdi Metropolis. The sample size of this study was determined using Cochran’s (1977) formula. This formula was used because, even though the total population of Makurdi Local Government Area was known, the exact number of couples in the place is not known, so, it is better to use the formula as expressed below:

$$n = \frac{Z^2 (Pq)}{d^2}$$

Where,

n= required sample size

Z^2 = standard normal deviation with a Z-score

P= estimated number of couples (1-Q)

d^2 = adopted measure of variability

Based on the Cochran (1977) formula, a confidence interval of 95% (1.96z score) was adopted, with 50% each for farmers with a variability confidence interval of 5%.

Therefore,

$$n = \frac{(1.96)^2 (0.05)(0.05)}{0.052}$$

$$n = \frac{(3.8416) (0.0025)}{0.052}$$

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$$n = \frac{0.009604}{0.0025}$$

$$n = 3.8416 (100)$$

$$n = 384.16$$

Therefore, the sample size for this study is 384 respondents. However, 16 persons were added to 384 (384 + 16= 400). The reason for doing this is to take care of the unforeseen non-responses of some respondents during the course of data collection. This study utilised both cluster, purposive and simple random sampling techniques to select the targeted respondents. Thus, the selected council wards within the metropolis were Ankpa/Wadata, Central/South Mission, Clerks/Market, Fiidi, Modern Market, North Bank I, North Bank II and Wailomayo. Other council wards outside the municipal area include Agan, Bar and Mbalagh Council Wards. The purposive sampling technique was employed to obtain information from respondents who were knowledgeable and could provide accurate information concerning the study. A simple random sampling technique was also used to select respondents from the sampled council wards. Thus, fifty (50) respondents were selected from the eight (8) Council Wards, bringing the total of respondents for the study to 400. In this study, two methods were employed during data collection. These include questionnaires and key informant interview methods. Data collected from the field were analysed both quantitatively and qualitatively.

Rate of Spousal Violence during COVID-19 Lockdown among Households in Makurdi Metropolis

This section presents data on the rate of spousal violence among households in Makurdi metropolis before and during the COVID-19 lockdown

Table 1: Respondent's rating on the rate of spousal violence before and during the COVID-19 lockdown in Makurdi metropolis

Rate of spousal violence	Period	
	Before COVID-19 lockdown	During COVID-19 lockdown
Very High	76(19.6)	107(27.6)
High	83(21.4)	154(39.7)
Low	153(39.4)	127(32.7)
Very low	76(19.6)	0(0)
Total	388(100.0)	388(100.0)

Source: Field Survey, 2024.

Table 1 presents a 4-point rating scale data of ‘Very High’, ‘High’, ‘Low’ and ‘Very Low’ on the rate of spousal violence before and during the COVID-19 lockdown in Makurdi metropolis. The data shows that the rate of spousal violence was much higher during the COVID-19 lockdown than before the COVID-19 lockdown. The data was represented by 27.6% (107) of the respondents and 19.6% (76) of the respondents, respectively. The data also indicates that 39.7% (154) of the respondents were of the opinion that spousal violence during the COVID-19 lockdown was very high. In comparison, 21.4% (83) of the respondents indicated that spousal violence before the COVID-19 lockdown was high.

Furthermore, 39.4% (153) of the respondents stated that spousal violence before the COVID-19 lockdown was low as compared to 32.7% (127) of the respondents who indicated that spousal violence was low during the COVID-19 lockdown. The last rating shows that spousal violence was very low before the COVID-19 lockdown in Makurdi metropolis. At the same time, there was no response to the ‘very low’ rating of spousal violence during the COVID-19 lockdown in Makurdi metropolis. Summarily, the data shows that during the COVID-19 lockdown, the rate of spousal violence was high among households in Makurdi metropolis as represented by 67.3% (261) of the respondents as against 41.0% (159) of the respondents who said that spousal violence before the COVID-19 lockdown was high. For the low rating of spousal violence before and during the COVID-19 lockdown, the data shows that the majority, 59.0% (229) of the respondents, said spousal violence before the COVID-19 lockdown was low as compared to 32.7% (127) of the respondents who said spousal violence among household in Makurdi metropolis was low.

Key informant interviews also showed that spousal violence during the COVID-19 lockdown was high in Makurdi metropolis due to incidences that were personally witnessed or reported to them. One of the male key informants aged 45 years in Benue State University Teaching Hospital stated:

...spousal violence during the COVID-19 lockdown in Makurdi was on the high side because the COVID-19 rules were enforced only in the town, I know of places outside of Makurdi town where people were going about their normal activities, markets were operating in such areas, people were attending churches, burial ceremonies were held, and other social gatherings... due to ban on movement in Makurdi town, it increased the rate of violence among couples. As a professional health worker, we treated victims of physical assaults such as broken arms, grievous face and head injuries with continuous bleeding; our unit handled some of these cases on sexual assault at the Benue State University Teaching Hospital... (A Male Key Informant, Nurse, BSUTH, Makurdi, 2024).

Another key informant in an interview reiterated:

...through our helplines and sensitisation, we were able to receive reports of violence among couples here in Makurdi, we know that the rate of such violence was high during the COVID-19 lockdown because the reports too were more compared to when the incidence of COVID-19 had not occurred, our helpline handlers received in calls from victims and some from relatives, neighbours and friends on spousal violence, through our Advocacy Team we were able to settle some of

these crises between spouses, while some were difficult to settle and has resulted to separation... (A Female Key Informant, Nigerian Red Cross Society, Makurdi, 2024).

From the above findings, it can be deduced that spousal violence during the COVID-19 lockdown was high. This finding relates to the study by Kifle et al. (2024) on the global prevalence of intimate partner violence during the COVID-19 pandemic among women, systematic review and meta-analysis. The result shows 5065 studies were retrieved, and 14 studies were included in the final meta-analysis. The pooled prevalence of IPV was 31%. Subgroup analysis based on region showed that the highest prevalence of IPV was in developing regions (33%) compared to developed regions (14%). Subgroup analysis based on country showed that Uganda had the highest prevalence of IPV, 68%, and the lowest was in the USA, 10%.

Effects of Spousal Violence during the COVID-19 Lockdown among Households in Makurdi Metropolis

This section presented data on the effects of spousal violence during the COVID-19 lockdown among households in Makurdi metropolis.

Table 2: Effects of spousal violence according to the respondents

S/N	Effects	Frequency (N=388)	Percentage (%=100)	Ranking
1.	Depression	333	85.8	2 nd
2.	Anxiety	317	81.7	4 th
3.	Increased risk of death or suicide	264	68.0	10 th
4.	Separation/divorce	381	98.2	1 st
5.	Lack of care/child malnutrition	298	76.8	8 th
6.	Lack of trust among spouses	314	80.9	5 th
7.	Improper feeding	260	67.0	11 th
8.	Disintegration among family members	318	82.0	3 rd
9.	Lack of family progress	283	61.3	13 th
10.	Physical injuries on the body	301	77.6	7 th
11.	Poor communication among spouses	296	76.3	9 th
12.	Lack of basic needs like food, shelter,	249	64.2	12 th
13.	Involvement of third party in marriage	237	61.1	14 th
14.	Limited attention to family values	306	78.9	6 th

Source: Field Survey, 2024.

Table 2 above presents multiple-choice response data on the effects of spousal violence on spouses among households during the COVID-19 lockdown in Makurdi metropolis. In ranking order, the most felt effect of spousal violence on spouses was separation/divorce, which was represented by 98.2% (381) of the respondents, 85.8% (333) of the respondents indicated that they were depressed as a result of spousal violence during the COVID-19 lockdown, 82.0% (318) of the respondents specified that there was disintegration among family members 81.7% (317) of the respondents stated that they suffered from anxiety. In comparison, 80.9% (314) of the respondents identified a lack of trust among spouses as the aftermath effect of spousal violence on spouses during the COVID-19 lockdown.

The above data also shows that little attention was paid to family values due to spousal violence during the COVID-19 lockdown as represented by 78.9% (306) of the respondents. Due to spousal violence during COVID-19 lockdown, 77.6% (301) of the respondents stated that physical injuries on spouses were sustained, 76.8% (298) of the respondents noted that in households where there were issues of spousal violence, the children were not properly taken care of. Thus, they were malnourished, 76.3% (298) of the respondents indicated that poor communication existed in families that experienced spousal violence, while 68.0% (264) of the respondents indicated that there was an increased risk of death or suicide among victims of spousal violence.

Furthermore, the data shows that there was improper feeding in families or households that experienced spousal violence. This data was represented by 67.0% (260) of the respondents. Another effect felt by households that suffered spousal violence was lack of basic needs such as food and shelter as represented by 64.2% (249) of the respondents, 61.3% (283) of the respondents indicated that there was lack of progress in families that experiences spousal violence during the COVID-19 lockdown era. In comparison, 61.6% (237) of the respondents stated that involvement of third party in marriages effects spousal relationships.

Key informants were also of the opinion that households that experienced spousal violence during the COVID-19 lockdown suffered separation or divorce. According to one of the key informants:

...during the COVID-19 lockdown, some of the couples could not live together because of violence among them. I discovered that some of them were not spending much time together due to their busy schedules, so when there was closure of workplaces, markets and other gatherings because of the COVID-19 lockdown, some of the spouses were compelled to spend all times together, which created an intense environment as there were disagreements between them that resulted to violence amongst and subsequent separation and in some cases divorce... (A Female Key Informant, Civil Servant, Makurdi, 2024).

In the course of the interview, one of the key informants stated:

...my husband assaulted me and broke my shoulder; it took me a very long time to recover from the injury. We engaged the services of a traditional bone setter who actually did his best, but unluckily, the shoulder limp did not position as it was supposed to be. After that, I sought medical attention at Benue State University Teaching Hospital, Makurdi, but the Doctor advised that unless surgery is carried out to be able to reset the bone, and the money involved was huge, I neither my husband nor I could afford it. The particular hand has affected me so much that I can't lift any heavy thing with the hand... (A Female Key Informant, Housewife, Logo II, Makurdi, 2024).

Another key informant said that:

...most people think that whenever the talk about spousal or domestic violence, the picture of the woman comes in as the one who suffers spousal violence most, however, the narrative is not always like that, in

most cases, men are at the receiving end, just that it is demeaning for a man to come out openly and report case of assault on him by his wife, it sounds very awkward, I can confidently tell you that I am also a victim of spousal violence, though the situation has never been like that, until when my wife loss her job with UBA, I ensure her admission and graduation from the Benue State University, up to this moment she hasn't gotten a job, I struggle to raise money for children upkeep and school fee, despite everything I have been doing, my wife is never satisfied, always insulting me in public, she has also stroke me with an object thrice, in all these instances, I have suffered injuries, I am no longer comfortable living with her, I always stay in the village and come from time-to-time to visit them... (A Male Key Informant, Civil Servant, Akpehe-Makurdi, 2024).

From the above findings, it is observed that the outbreak of the COVID-19 pandemic and restrictions brought about separation or divorce in marriages. This finding coincided with Savage (2020), who relates that 29-year-old Sophie Turner and her husband filed for divorce after seven years of marriage. They had never discussed splitting up before the coronavirus crisis, but during the pandemic, their marriage soured. Savage (2020) further noted that the couple's experiences were becoming increasingly common, with divorce applications and break-ups skyrocketing across the UK and worldwide. In the US, a major legal contract-creation site announced a 34% rise in sales of its basic divorce agreement, with newlyweds who had got married in the previous five months making up 20% of sales. There has been a similar pattern in China, which had one of the world's strictest lockdowns at the start of the pandemic. The same is true in Sweden, which largely relied on voluntary guidelines to try and slow the spread of COVID-19 (Savage, 2020). The above-reviewed study shows that there was separation or divorce even in marriages that have never experienced spousal violence, and marriage separation was in countries affected by the coronavirus.

The above findings showed that anxiety is a mental disorder that is also caused by violence. However, some people may develop such a condition due to a lack of confidence in themselves. However, the COVID-19 lockdown makes people anxious about their daily needs since all means to get such needs were thwarted as a result of the COVID-19 lockdown. Anxiety can also ruin relationships such that spouses cannot be confident living with each other. In the COVID-19 lockdown situation, anxiety disorder even grew worse because the spouses were restrained to stay within their households. This finding agrees with the study on anxiety and intimate relationships in times of lockdown due to COVID-19 by Rodriguez-Dominguez et al. (2022). The results showed significant levels of state anxiety, which was associated with poor dyadic adjustment and a decrease in the perceived quality of relationships since the start of the lockdown. Also, increased partner conflict seems to be an essential predictor of dyadic adjustment and relationship quality during social isolation.

The findings revealed that most spousal violence during the COVID-19 lockdown among married persons end up inflicting grievous injuries on the body of victims because it involved physical assault or battering. The respondents indicated that the most affected partners were women, but in a few cases, men were the victims. They stated that spousal violence has resulted in permanent injuries and, at times, the death of victims, where some perpetrators were currently serving jail terms for murder. The respondents further indicated that some marriages were dissolved due to the effect of physical abuse on the victim, and members of the two families have continuous loggerheads with each other. According to the respondents, injuries

sustained by victims of spousal violence during the COVID-19 lockdown made them recount the ordeal and find it difficult to forgive their partners.

From the above findings, it can be deduced that apart from the physical injuries sustained by spouses during violence, there is also an ill-feeling the victim conceived against the partner that caused the injury. This thought can affect mutual relationships among spouses and even extended family relations. Some homes today are broken because of violence that resulted to physical injuries sustained by the victims. This finding relates to Loggins (2023), who states that a broken family includes unhealthy or severed relationships within the family unit. They are often associated with divorce but certainly can occur in an intact family where various members are in conflict with or estranged from each other.

Consequently, Nnachi et al. (2020) stated that the family is the basic unit and the microcosm of society. Most behaviours one exhibit have the foundational inclination of the family one comes from since they are the first agency of socialisation, where most behaviour is learnt. The authors, however, stated that in contemporary Nigerian society, the family has collapsed and failed to perform the fundamental socialising function. The cherished values which the family inculcates into the younger members have been eroded as a result of spousal violence. The authors added that in today's world, there is an increase in crime rate due to the loss of family values as a result of the violence that has erupted among spouses.

Conclusion/ Recommendations

The study concluded that the COVID-19 lockdown had created a breeding ground for the rate of spousal violence in Makurdi metropolis because, during the lock-down period, many couples were always at home together and were opened to various forms of violence such as physical abuse, keeping malice, refusal to give money to spouse for house chores and sex denial. There was an increase in the rate of spousal violence during the COVID-19 lockdown in Makurdi Metropolis. The effects of spousal violence among households during the COVID-19 lockdown in the Makurdi metropolis were Depression, Anxiety, Separation/divorce, Limited attention to family values, Physical injuries on the body, and Increased risk of death or suicide, among other effects. The study, therefore, recommends based on the above conclusion as follows:

- i. Spouses are encouraged to have mutual understanding among them in order to foster family unity and progress. Awareness or sensitisation should be made public so that victims of spousal violence can easily access services on physical assault.
- ii. There should be regular monitoring and data collection on spousal violence to keep track of the prevalence of spousal violence in Makurdi metropolis, just like in other places.
- iii. Religious institutions and traditional rulers have a vital role to play in strengthening marriage unions in order for both parties to embrace good morals in order to mitigate the effects of spousal violence on spouses within their domain.

REFERENCES

- Agbese, A. O. (2021) Three newspapers: Coverage of intimate partner violence against women in Nigeria, 2015-2017. *Journal Communication Spectrum: Capturing New Perspectives in Communication*, 11(1), 12-25.
- Andza, M. S., & Akuva, I. I. (2021). COVID-19 and the challenges of Foreign Direct Investment (FDI) in Nigeria: Implications for national development. *Zamfara Journal of Politics and Development*, 2(1), 241-255.
- Better Health Channel (2024). Mental health and wellbeing, <https://betterhealth.vic.gov.au>, Accessed 2 June, 2024.
- Bradbury-Jones, C., & Isham, L. (2021). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing*. Wiley-Blackwell.
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet*, 395, 912-920.
- Cennimo, D. J. (2022, May 17). Coronavirus disease 2019 (COVID-19). www.medicine.medscape.com.
- Centre for Disease Control (2020, February 11). COVID-19 and your health. Centers for Disease Control and Prevention. www.wikipedia.com.
- Chuku, C, Mukasa, A. & Yenice, Y. (2020). Putting women and girls' safety first in
- Council of Europe (2013, September 8). Convention of preventing and combating violence against women and domestic violence (CETS No.210), www.conventions.coe.int.
- Fawole, O. I., Okedare, O. O., & Reed, E. (2021). Home was not a safe haven: Women's experiences of intimate partner violence during the COVID-19 lockdown in Nigeria. *BMC Women's Health*, 1(32), 1186.
- Gama, A., Pedro, A.R.,Carvalho, M.J., Guerreiro, A.E., Duarte, V., Keygnaert, I., & Dias, S. (2020). Domestic Violence during the COVID-19 Pandemic in Portugal .*Port J Public Health* (2021) 38 (Suppl. 1): 32–40. <https://doi.org/10.1159/000514341>
- Ganley, A. L. (2002). Understanding domestic violence. Improving healthcare Manual.
- George, H. R. (2014). San Diego Domestic Violence Attorney. San Diego.
- Gorbalenya, A. E. (2020, January 11). Severe acute respiratory syndrome-related corona virus: The species and its viruses, a statement of the Corona virus Study Group. <https://read.qxmd.com>.
- Green, P. (2020). Risks to children and young people during COVID-19 pandemic. *BMJ*, 369, m1669.

- International Monetary Fund (2020). *The great lockdown: Worst economic downturn since the Great Depression*. IMF.
- Islam, M. R., & Hossain, M. J. (2021). Increments of gender-based violence amid COVID-19 in Bangladesh: a threat to global public health and women's health. *The International Journal of Health Planning and Management*, 36, 2436-2440.
- Izugbara, C. O., Obiyan M. O., Degfie, T. T., & Bhatti, A. (2020). Correlates of intimate partner violence among urban women in sub-Saharan Africa. *PLOS ONE*, 15(3), e0230508.
- Mukorera, O., Nyachowe, T., Dzikira, P., Mupinga, P., Zirima, H., & Chimwayi, T. (2022). triggers of intimate partner violence (TIPV). The community's perception in Peri-urban and the insight from Epmafara District Harare-Zimbabwe. *International Journal of Research and Innovation in Social Science*, 5(11), 621-629.
- National Women Aid Federation (2012). Definition of domestic violence. www.web.archive.org/web/...
- Newman, C. (2021). *The pandemic is increasing intimate partner violence. Here is how health care providers can help*. University of Alabama.
- Nnachi, A. N., Nwose, L. N., Otusinkama, L. (2020). Collapsing family life values in contemporary society: Implication for insecurity situation in Nigeria. *Journal of Inter-Disciplinary Studies on Contemporary Issues*, 6(2), 15-26.
- Olayinka, S. L., Modupe, A., & Aanuoluwapo, A. A. (2020). Domestic violence amid the COVID-19 lockdown: a threat to individual safety. *Global Biosecurity*, 2(1),
- Orisa, A. A. (2009). Impact of family disintegration on the academic achievement of secondary school students in Ogba/Egbema/Ndoni Local Government Area of Rivers State. *Nigerian Journal of Social Studies*, XII(I), 1-9.
- Padmanabhan, A. S., & Sapna, S. (2022). COVID-19 lockdown and domestic abuse of women: Calls for secured household and protection for women in Indian. *Indian Journal of Law and Legal Research*, IV(IV), 1-20.
- Perez-Vincent, S. M., Carreras, E., Gibbons, M. A., Murphy, T. E., & Rossi, M. A. (2020). *COVID-19 lockdowns and domestic violence: Evidence from two studies in Argentina*. Inter-American Development Bank.
- Porter C., Marta, M., Sanchez, A. & Scott, D. (2021). The impact of COVID-19 lockdowns on physical domestic violence: Evidence from a list randomization experiment
- Pouradel, S., Ahmadiania, H., & Rezaeian, M. (2021). Impact of COVID-19 pandemic on marriage, divorce, birth and death in Kerman Province, the ninth most populous province of Iran. *Sci Rep*, 14(3980), <https://doi.org/10.1038/>
- Rodriguez-Dominguez, C., Cawascal-Caputto, B., & Duran, M. (2022). Anxiety and intimate relationships in times of lockdown due to COVID-19. *Psychological Trauma: Theory, Research, Practice and Policy*, 14(2), 237-246.

- Saakuma, O. (2020). Socio-economic impact of corona virus on livelihoods in Makurdi, Benue State, Nigeria. *International Journal of Physical and Human Geography*, 8(1-9), 1-10
- Savage, M. (2020). Why the pandemic is causing spikes in break-ups and divorces. <https://bbc.com/worklife>, Accessed 7 Dec., 2020.
- Standard Life Foundation (2020). The cost of COVID-19: Economic abuse through the pandemic: A call to build economic safety for women and girls, <https://survingeconomicabuse.org>.
- UN Women (2020). COVID-19 and ending violence against women and girls. Available online at: <https://www.unwomen.org/>
- United Nations (2021). COVID-19 response. www.un.org/en/coronavirus/.....
- United Nations (2021). COVID-19 response. www.un.org/end/coronavirus/... 18th December, 2021.
- United Nations Women (2022). *The shadow pandemic: Violence against women during COVID-19*. United Nations.
- Uzobo, E. & Ayinmoro, A. (2021). Trapped between two pandemics: domestic violence cases under COVID-19 Pandemic Lockdown: A Scoping Review. 43(3):319-328. doi: 10.1177/0272684X211022121. Epub 2021 Jun 8.
- Xue, J., Chen, J., Chen, C., Hu, R., & Zhu, T. (2020). The hidden pandemic of family violence during COVID-19: Unsupervised learning of tweets.